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ORIGINAL DEPARTMENT.

LECTURE.

ON PROLAPSE OF THE WOMB FROM ELONGATION OF THE SUPRA-VAGINAL PORTION OF THE CERVIX.

BY WILLIAM GOODELL, A.M., M.D.,

Clinical Professor of the Diseases of Women and Children in the University of Pennsylvania.

While our patient is getting her ether in the waiting-room let me briefly give you her history. Bridget A. professes to being but thirty-seven years old, although she looks fully forty. She has been married for seventeen years, and has borne eight children, the youngest of whom is three years old. All her labors were easy and her gettings up natural, save the last one. This one was delayed by metritis, and by an attack of intermittent fever, which yet lurks in her system, and breaks out on the slightest provocation. She never afterward felt like herself, or found herself altogether free from "the whites" and from "bearing-down feelings." Before long a tumor began slowly to protrude, more and more, from the vulva. It was and still is reducible, but, when returned into the vagina and kept there by a pessary, it gives her so much pain that she prefers to let it hang outside, unsupported. Menstruation is free, micturition painful, and the urine, no longer voided in a jet, dribbles over her person. She straddles in her walk, and complains very bitterly of the constant dragging weight, which keeps her from active housework, and is, as she says, wearing her life out. Her conjugal relations are impaired, and this is, of course, another source of domestic trouble.

When admitted, two weeks ago, into this hospital, she looked very decidedly cachectic, and was much reduced by night sweats, and by a diarrhœa of some weeks' standing. She was put to bed, and treated by large doses of quinia, and by frequently-repeated quarter-grain doses of the silver nitrate, guarded by one-twelfth of a grain of opium. Under the use of these remedies her complexion has cleared up, her diarrhœa is under control, and her strength has so far returned as to permit her now to be brought before you for an operation of some severity.

As I separate her thighs, all of you, even those on the furthest benches, can see this unsightly tumor projecting from the vulva. It is cylindrical in form, rugous in front, and smooth behind. It looks uncommonly like the penis of a horse, and the resemblance is heightened by an apparent meatus urinarius at the apex. The sound, introduced into this opening, passes a distance of a little over five inches up what is evidently the uterine canal. The perineum is greatly relaxed, the vagina wholly inverted. Partly overlapping it and the cervix lies a true excavated ulcer, attributable, as I believe, to the friction of the clothing, to exposure to the air, and to the scalding of the dribbling urine.

I cannot pass this sound into the bladder in the usual way, but on turning its concavity downward I find that it slips in readily enough, and I now feel its tip outside of the body, and at a point not half an inch from the apex of the tumor. Clearly, then, a portion of the bladder and the anterior wall of the vagina form the front and rugous half of the tumor. By passing my index finger into the rectum I can

hook it into the posterior wall of this tumor. In other words, there is also a pouch of the anterior wall of the rectum in this protruded mass. Then, again, you all know that the peritoneum is so closely fused to the posterior *cul-de-sac* of the vagina, that the descent of the latter must needs drag down a fold of the former.

So far, good. We have learned that the cervix uteri, the inverted vagina, a pouch each of the rectum and the bladder, together with a fold of peritoneum, go to make up this hernial mass. We are, as schoolboys say, getting warm; but what is it? Now there happen to be just four morbid conditions in which the whole womb, or some portion of it, appears outside of the vulva: (*a*) Inversion of the womb. (*b*) A simple descent or prolapse of the womb as a whole. (*c*) Prolapse of the womb from hypertrophic elongation of the vaginal portion of the cervix. (*d*) Prolapse of the womb from elongation of the supra-vaginal portion of the cervix. Since, very unfortunately, the last three are called by the same general name, that of *prolapse of the womb*, and are accordingly mistaken the one for the other, and since also each one of these four disorders needs its own special treatment, it is of vital importance to determine which one it is. There must be no mistake made here.

Let us reason this matter out. It cannot be the vaginal cervix unduly elongated, for then it, and it only, would form the tumor; nor would the vagina be inverted. Nor can it be either an inverted womb or a simple prolapse of the same organ, because the sound showed not only a uterine cavity, which does not exist in cases of inversion, but one of preternatural length, which places the fundus high up in the pelvis, and it therefore cannot be prolapsed. Again, by firmly compressing the base of the tumor, one can trace high up the stem-like cervix, which feels about the size of one's little finger. The conclusion is, then, inevitable, that the case before us is that most common variety of uterine prolapse, technically termed *prolapse of the womb from hypertrophic elongation of the supra-vaginal portion of the cervix.* In other words, there is a descent of the vaginal cervix without any descent of the fundus, and, consequently, that portion of the cervix above the vaginal collar of attachment must be lengthened out.

Of course, as intelligent men, you will next wish to know the nature of this disease and its causes. Unfortunately these are not so readily given, for it yet remains a moot point whether this elongation is owing to growth or to traction. I incline to the opinion that it is the conjunction of traction and growth—traction mainly, and growth secondarily—that works the mischief. I have not the time for a lengthy discussion on this subject, nor would our patient be the better for it; but suppose that a woman's lying-in has been complicated by some uterine or pelvic lesion, such, for instance, as parametritis or as perimetritis, and this is the usual history of these cases, there will often follow a permanent arrest in the process of involution, both in the womb and the vagina. Even that great abutment of the vaginal column, the perineum, remains lax and limp. Unsupported by the perineum, the now thickened and heavy vagina, and with it the bladder, to which it is closely fastened, tend to sag down and drag with them the womb. Now, if the uterine stays yield to this traction, the result is a simple descent of the womb as a whole, and we get a prolapse proper of the womb. But, should the uterine stays resist this traction, then that portion of the non-involuted, or of the otherwise congested, soft, and ductile womb, lying between them above and the vaginal attachment below, is stretched out. By the constant dragging of the vagina and bladder upon their belt of attachment, the veins of the presumedly softened cervix become constringed, and the blood stasis thus induced gives an excess of pabulum to the part, and growth ensues.

This interpretation may not be the correct one, and the elongation may arise less from traction than from growth. But the main question after all is, Can this woman be cured? She can be; of that I am sure, for have I not promised her that she shall be made as good as new? Could her womb be released from the constant dragging of the vagina and the bladder, the cervix would undoubtedly shorten. You might, then, infer that the proper treatment here is to keep up the unstable pelvic organs by some properly constructed pessary. Theoretically you would be right, but practically you will find that when the womb is stretched out so far as to peep out of the vulva, the pressure of a pessary can rarely be borne by the patient; for when the womb is then returned into the vagina its stem-like neck is forcibly bent double. This I have tested so frequently, and by so many varieties of pessary, that I can

speak authoritatively. Were this woman, on the other hand, put to bed, and kept there for many weeks, she might possibly get well. The womb would, undoubtedly, shrink back, but, like an over-stretched rubber band, it would never become so small as when in health, and would tend to return to its morbid condition whenever the upright position is assumed.

What we here need, in order to effect a cure, are a good perineal support to the vagina, and a structural change in the ductile womb. The latter indication is met by removing the vaginal, the only removable portion of the cervix; the former, by constricting the vulvo-vaginal opening. The fillip thus given to the dormant uterine and vaginal tissues, and the prolonged suppuration needful for repairing these tissues, set up the process of involution, which will shorten and consolidate the whole uterine body, and thin down and tone up the thickened and flabby vagina. Besides all this, the vaginal column gains a firm foundation in the new perineum.

But the cervix happens to be a very vascular body, and in its erectile tissue it is no easy matter to catch up and tie a bleeding vessel. So it is best amputated, either by the cold wire of the écraseur or by the red-hot wire of the galvanic battery. But, whatever the instrument, the operation is attended with the risk of cutting off a piece of the bladder or of the retro-uterine pouch of peritoneum. Of the two modes of operating I much prefer that with the hot wire, because the cut is cleaner, and the risk less of dragging into the line of incision important neighboring organs.

Placing the woman in the lithotomy position, with the thighs supported by two assistants, I first draw off her water, and next proceed to dilate the urethra. By gently stretching open this short and elastic tube by means of a uterine dilator, I am able in a few minutes' time to coax in my little finger. With it the lower boundary of the bladder can be accurately mapped out, and, as you plainly see, its tip reaches down to within half an inch of the end of the cervix. With such precautions the bladder should always escape the bite of the wire, but not so with Douglas's pouch. There are no landmarks by which to gauge the depth of this peritoneal fold, and the mishap of its injury has happened to the best operators—with no great risk to life, however, if every case has been honestly reported.

Guided by the finger tip, I now transfix the cervix antero-posteriorly with a platinum skewer, entering it just below the lower margin of the bladder, and slanting it upward and backward so that its point shall emerge on a higher level, but not high enough to reach the rectocele. That portion of the cervix lying on the bladder side of the skewer is now noosed in the loop of the battery. While my chief assistant, Dr. Bray, gradually tightens the wire, I carefully feel with my little finger whether any portion of the bladder is nipped. Its walls are out of harm's way, of that I am sure. Would that I could affirm the same thing of the peritoneal fold, but that must be left to chance.

For reasons before stated, I prefer the hot wire. Yet, when called to a distance to perform this operation, as the battery is bulky and its acids dangerous to carry about, I always use the wire—écraseur. But the cold wire does not readily cut through the tough mucous membrane, and, besides, it tends to slip in the direction of least resistance, dragging in the tissues of that side. To remedy these defects, a groove should be cut around the cervix directly in front of the skewer, viz., between the skewer and the os, and the wire laid in it. A second skewer may also be passed at right angles to its fellow.

The wire will now be connected with the battery, and its loop kept taut, and not above a red heat. As soon as the thick mucous membrane has been burned through, I make firm traction at the os with a volsella, and counter-pressure with the electrode. This lengthens out the ductile cervix and brings down more of it to be cut off. See how bloodlessly we have cut through this very vascular body. From the traction made on it, the amputated portion of the cervix is conical, while the seared stump is cup-shaped. From alternate heatings and coolings of the wire, the cut surface also shows concentric circles, like those summer and winter rings by which the age of a tree is told.

My past experience in these cases, and it is not small, assures me that this operation will be successful in reducing the womb to its natural size. It may at the same time also cure the dislocation of the vagina and bladder. For you will bear in mind that the fundus of the womb has not sagged down, and that the same stays that have hitherto sustained it, and which by their firmness have, in my interpretation, caused the lengthening out of the cervix, will afterward, in a measure, sustain

also the vagina and bladder, through the medium of the constringed and consolidated cervix. Since, however, the vagina is much relaxed, and the perineum, although anatomically whole, is functionally imperfect, it will be more prudent to narrow the vulvar outlet, and give the vaginal column a firmer base of support. This operation I cannot perform before you to-day, because my hour is up. But it is the same as that for laceration of the perineum, and one which you will have repeated opportunities of seeing me perform this winter.

As soon as this second operation is over, and I shall do it at once in my private room, our patient will have her knees bound together and be put to bed. When pus begins to form, the vagina will be washed out once or twice a day by carbolized lotions. On this day week all the perineal stitches will be cut, and for two weeks, at the very least, the woman will keep her bed. If left to itself, the cervical wound will not skin over under four or five weeks' time, but the healing process will be hastened by vaginal suppositories of tannin and opium, or by an occasional touch with the silver nitrate. Should the os uteri tend to close, as it sometimes does, through cicatricial contraction, it will be stretched open by the uterine dilator. Finally, in one month's time, if all goes well, our patient will return home a sound woman.

Communications.

RELATIVE STRABISMUS.

BY CHARLES M'INTIRE, JR., M. D.,
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Read before the Northampton County Medical Society, December Meeting.

I desire in this paper to call your attention to a condition of the eyes which, I think, is of more frequent occurrence than any of us would admit on first sight, and very briefly and incompletely to discuss its etiology, which will direct us to the proper method of diagnosis and treatment.

A strabismus may be described as that condition in which, when a person fixes any object, the prolongation of the visual line of one eye only would reach that object. For illustration, imagine a line drawn from between the eyes, lying in a plane perpendicular to the plane of the forehead, and the object to be on this line. If the person looks at the object, the prolongation of the visual lines can intersect the line in only one of three relative conditions: 1. They can mutually intersect at the object (certain anomalies and refraction cause exceptions to this, which it is not necessary to consider here). 2. The line from one eye intersecting at the object, that of the other at a point nearer the person than the object; this causes the condition known as convergent strabismus. 3. While the visual line of one eye intersects at the object, as in the second case, that of the other eye intersecting at a point beyond the object, it may be so far away as to be at an infinite or even a negative distance; this condition forms the divergent strabismus.

Now these are conditions, symptoms, not a disease. It is necessary, therefore, to search further to find the disease of which it is the symptom. Taking strabismus in its most extended meaning, we can roughly divide its cause into two grand classes: 1. Those cases where there is a paralysis or spasm of some of the motor muscles of the eye, or some substance, *e. g.*, a tumor pressing on the eyeball, limiting its motions in certain directions. 2. All remaining cases which are not caused by such conditions. To this latter class, called by Von Grage strabismus concomitans, the term strabismus is usually applied. Possibly every one of us can recall people of our acquaintance, whose eyes, while straight enough ordinarily, develop a strabismus when employed on close work, *e. g.*, reading, embroidery, etc., lasting for a longer or shorter time, then disappearing. It may be that we have been able to follow up the history of the person, changing through successive steps from a relative to a permanent squint; if they have not as yet done so, the probabilities are that they will, if left to themselves, of course, so change.

This relative squint may be either convergent or divergent; in the former case it is frequently known as *periodical*. It is a clinical fact that the majority of cases of convergent strabismus are associated with hypermetropia, and the divergent variety has myopia as an associate condition. Is this anything more than a coincidence?

It is a well-known fact that there is a certain degree of cöordination between the movements of the ciliary muscle and the motor muscles of the eye, more especially of the internal rectus, so that a definite relation exists between the amount of accommodation and the degree of convergence. With an emmetropic eye this

relation is such as to cause each eye to be focused on that place where the visual lines, prolonged, intersect. With a hypermetropic eye, however, since the accommodation has to be exerted even to receive parallel rays on the retina, it must be used in a still greater degree to view near objects. For example, a hypermetrope may have to use as much accommodation to see an object at four feet as would an emmetrope at three feet; but the degree of convergence following the amount of accommodation, the eyes would be directed to the three-feet point and not to the four, while they would be focused for the *four-feet point*. This would cause the images to fall on dissimilar portions of the retinæ, and two objects would be seen. The hypermetrope in this instance has the choice of relaxing his accommodation, having as a result indistinct images; or, throwing the extra convergence on one eye, causes the image to be thrown upon a less sensitive portion of the retina, fixes the object with the other eye, suppresses the fainter image, sees distinctly, and squints. Since, however, there is some independence of action, this condition will not be noticed in every case of hypermetropia.

There are certain circumstances which help to determine not only whether there will be a squint or less distinct images, but also whether this strabismus will at first be periodical or not. Among those things predisposing to strabismus are, congenital difference in the acuity of vision, or in the refractive condition of the two eyes; peculiar structure or innervation of the muscles of the eye, and easy mobility of the eye inward.

In the next place let us imagine the effect of this relation between accommodation and convergence in myopes. Here, as we know, with accommodation at rest, the eye is adjusted for diverging rays, that is, for nearer objects than the emmetrope. But, with the eye at rest, there will be no convergence, and the eyes will not be directed *to the object for which they are focused*. This condition is the reverse of that found in the hypermetropic eye. Here, then, we have the muscles for convergence used to a greater degree than the ciliary muscle. This strain on the internal rectus is made greater by the elongated form of most myopic eyes, which not only causes the eye to be moved with more difficulty, but also the relative insertion of the muscle causes it to be able to exert less power. In time the fatigue becomes so great that the muscles give out, one eye is directed at the object, the other is given up to the action of the external rectus, and it deviates outward; all the more will this happen should there be an insufficiency of power in the internal recti.

These, then, are the conditions which are shown forth by the majority of cases of strabismus. In all cases the examination of the refractive condition of the eye should be made. And the treatment is not necessarily a tenotomy in every case, especially in the kind of squint now under consideration. Frequently, by the proper adjustment of glasses, the condition can be so altered as to allow nearly a normal relation between the accommodative and converging power to be exercised, thus doing away with the symptom and preventing its occurrence.

CHLORAL HYDRATE IN SCALDS AND BURNS.

BY S. S. RIDDELL, M.D.,
Of Chippewa Falls, Wis.

Early in the morning of November 14th, 1876, as I was starting on my regular round of visits, a man rode up on horseback in great haste, and summoned me to visit his brother at once, who, he stated, had been badly scalded in the face and eyes.

I had long since determined to try the effects of hydrate of chloral in such cases, and therefore provided myself with the following mixture, in addition to the ordinary opiates, etc., viz:—

℞ Hydrate of chloral, ℥iij
Carron oil, ℥vj. M.
Sig.—Use as directed.

and proceeded to a farm house, distant six miles, where my patient (James Hedrington, aged eighteen) lived. On inquiry I learned that he was sitting near the stove, his elbow resting on his knee, and his hands supporting his chin, when the contents of a tea kettle and a teapot, both full and boiling, were accidentally precipitated in his face. Molasses had been smeared over the face previous to my arrival. On entering the room, the young man was pacing the floor, his gait a little unsteady, the pain being so great as to call forth moans and cries. On removing the molasses from his face, and making an examination, I found that the face and one eye were badly burned, the skin hanging in shreds from his forehead to his chin; one hand very slightly injured; pulse 96; respirations rapid (not counted); mind slightly confused. I at once applied the hydrate of chloral and carron oil mixture freely, by means

of cotton wool, forming a complete mask, leaving no opening except for respiration and for the mouth. At first there was a sharp, stinging sensation, lasting not over from one-half to one minute, followed by a rapid diminution of pain. *Within ten minutes after my arrival at the house, the patient* (with the exception of a slight burning sensation in the left eye) *was free from pain, and within twenty minutes was asleep.* I exhibited, in connection with the local treatment, about twelve grains of bromide of potassium, every four hours, for a few days. Opiates were entirely unnecessary. The result of the use of hydrate of chloral was almost an entire absence of pain after the first application, and a continued drowsiness at first, which diminished as the case improved. During the first four days there was considerable swelling of the face, the eyelids being œdematous and closed, and profuse lachrymation, after which the swelling rapidly diminished, the appetite (which was absent at first) commenced to return, and the case rapidly convalesced, the left eye remaining somewhat injected, which finally passed away without unpleasant consequences. The patient, ten days since, was *well*, with no perceptible scars. The success of the use of hydrate of chloral in this case was so marked that I shall feel encouraged to extend its use in similar cases. It may be that the shock, on first applying the mixture, would be too great in cases where very large portions of the surface of the body were affected. The chloral could be added to Dr. Buck's, Mr. Rice's, or a number of other "burn mixtures," as might be thought best. If I have ever read anything with regard to the similar use of hydrate of chloral in cases such as I here report, it has slipped my memory, and if other physicians will give it a fair trial and report results I shall be more than repaid for making this report.

ON VACCINATION WITH BOVINE VIRUS.

BY W. F. MUHLENBERG, M. D.,
Of Reading, Pa.

The following table shows the result of some experiments made with bovine virus. The quill was used entirely, and was procured from the Pennsylvania vaccine farm of Dr. B. Rush Senseny, the agency of which is at the office of the MEDICAL AND SURGICAL REPORTER.

The method of vaccinating was the following: A number of cross cuts were made, if possible, only through the epidermis, which was then scraped off until a sufficient quantity of serum had exuded. The quill, moistened with a drop of water, was then rubbed over the denuded surface for about a minute, and then the scarification on the arm was thoroughly dried before the sleeve was permitted to be put down. In primaries, two and three separate scarifications were made; in secondaries only one.

What we considered successful vaccinations were those results that fully came up to the requirements laid down in the text-books.—A large areola, an umbilicated vesicle changing gradually to a pustule, axillary tenderness, slight constitutional disturbance, and a systematic drying up of the scab, which should not fall off before, at least, the third week. All of the cases that did not meet all of these requirements were denominated failures.

Age.	MALES.						FEMALES					
	Number of Primary Vaccinations.	Number of Successful Primary Vaccinations.	Number of Failures in Primary Vaccinations.	Number of Revaccinations.	Number of Successful Revaccinations.	Number of Failures.	Number of Primary Vaccinations.	Number of Successful Primary Vaccinations.	Number of Failures in Primary Vaccinations.	Number of Revaccinations.	Number of Successful Revaccinations.	Number of Failures.
Under 1 yr	6	6					5	3	2			
Between 1 and 2	2	2					3	3				
2 and 3	5	5					6	6				
3 and 5	9	8	1	2	2		14	14		8	7	1
5 and 7	11	11		16	11	5	9	9		19	11	8
7 and 10	9	7	2	53	41	12	7	7		50	39	11
10 and 15	3	2	1	61	49	12	4	2	2	57	41	16
15 and 20	1		1	3	3					11	7	4
20 and 30				4	3	1				6	4	2
30 and 40				3	2	1	1	1		4		4
40 and 50				2		2				3	2	1
50 and 61										1		1
60 and 70										2	2	
	46	41	5	144	111	33	49	45	4	161	113	48

Total number of primary vaccinations, 95. Successful, 86; failures, 9. Showing a percentage of success of 90.52 per cent.

Total number of revaccinations, 305. Successful, 224; failures, 81. Showing a percentage of success of 73.44 per cent.

Total number of vaccinations, 400. Successful, 310; failures, 90. Showing a percentage of success of 77.5 per cent.

There were several factors that militated against the attainment of better results. In the first place quite a number of the children were vaccinated in crowds, and on this account, the room not being large, the virus was rubbed off before it became thoroughly dry. Secondly, the different characteristics of the true skin in children must have had some effect. In some, the true skin is so thick that it hardly seems capable of absorbing the virus, while in others

this is so delicate that the slightest incision will cut through it, and thus draw so much blood that the virus is washed out.

Twenty-one of those vaccinated had previously had variola or varioloid, still thirteen of them took genuinely.

One striking peculiarity of bovine virus is its slowness of action. Very frequently as late as the seventh day after vaccination, no trace of it could be discovered, and yet, at the next visit, the genuine vesicle showed itself. Another peculiarity is that the scab rarely falls off before the end of the fourth week, and if, at that time, it becomes loosened for a day or two, soon again becomes adherent, and remains attached to the arm for six or seven weeks. After the first scab has fallen off, frequently a second one arises, especially if any force has been used in detaching the first, and remains on the arm four or five weeks longer. In quite a number of cases, it was distinctly noticeable that the centre of the scab, in appearance like the head of a rivet, extended one-quarter or one-third of an inch into the muscle beneath, and was to be detached only with great difficulty. The areola is much larger, and the constitutional disturbance much greater than after the use of the humanized virus. No bad effects resulted in any of the cases, although in a few the constitutional disturbance was very great. High fever, lameness of the arm, and an involvement of the cervical lymphatics were the marked symptoms. A mild purgative and some febrifuge seemed to dissipate these symptoms in a few days. As yet, none of those who have been successfully vaccinated have suffered from variola or varioloid, although it has been raging in Reading for the past few months; still, the time has been too short to judge completely of the protective power of bovine virus.

If no other reason would lead us to employ bovine virus, it would be the fact that no tubercular or syphilitic disease can be propagated by it.

[It is with much satisfaction that we give publicity to the above statistics. General vaccination by bovine virus, in place of humanized, is a measure which now numbers among its advocates the most eminent sanitarians of the day. There are a number of establishments whence genuine and fresh lymph, in portable forms, can be obtained, and the chief obstacle to its introduction has been the care required in its use. Such articles as the above are just what is wanted.—Ed. Reporter]

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROFESSOR J. M. DA COSTA, NOVEMBER 18TH, 1876.

REPORTED BY FRANK WOODBURY, M. D.

Autopsy in a Case of Chronic Dysentery—Points of Diagnosis and Treatment.

Gentlemen:—Before bringing any new patients before you this morning, I will invite your attention to the post-mortem results of a case of malaria with persistent diarrhœa, which was shown you only a week ago to-day, and which, during the progress of the disease, was interesting, from the fact that it strongly simulated enteric fever. The spots on the abdomen, the frequent discharges, the acute nature of the attack, he having been seriously ill only three weeks before admission, all suggested this diagnosis; but the temperature record, taken in conjunction with the want of tympany, and, above all, the absence of cerebral symptoms, led us to believe that, however similar to typhoid the disease might be, it was in reality a local one; and from its resisting ordinary astringents, and from the frequency and character of the dejections, we concluded that there must be a condition of chronic ulceration of the large bowel.

One of the points of considerable interest in connection with this diagnosis was, that we were unable to detect anything like marked tenderness upon deep abdominal pressure. For a brief period hypodermic morphia injections into the abdominal wall controlled the diarrhœa better than either opiates or astringents had been previously able to do, but not to dwell on the history, the patient gradually sank, and finally, his stomach rejecting all nourishment, hiccough came on, and he died from debility.

Referring to the specimens, you will notice that the small intestine shows no marked change, but in the large bowel is seen a mass of disease characteristic of chronic colitis.

Should the question be asked, Is this a common lesion? I answer that such ex ensive ulceration of the large intestine is an unusual appearance in civil practice. While in chronic dysentery it is the large and not the small bowel that bears the brunt of the disease, such a marked lesion as the one before you is extremely rare under ordinary circumstances. But this recalls the results of the dreadful camp diarrhœa of soldiers, from which so many suffered in camp and prison, and which is closely connected with improper food and want of hygienic precautions. In such cases many ulcers exist in the bowel, sometimes leading to perforation and fatal peritonitis.

One other point is noticed in examining the intestine: the mucous surface of the rectum becomes, as it descends from the sigmoid flexure, more smooth and natural, showing patches of disease here and there, but nothing like the

part above. This accounts for the entire absence of tenesmus, that was noticed during the progress of the malady.

The case having been markedly malarial, the evident enlargement of the spleen is fully explained, and, indeed, was noticed during life, the note reading, "Splenic dullness extends below the costal border." (Weight of spleen fourteen ounces.)

The liver shows some disease, while its size does not differ materially from the normal standard, nor is there any obvious departure from health in the physical conformation of the organ. But on section, two curious whitish spots or masses are revealed in the hepatic substance, which are not very hard, and are surrounded by healthy tissue. These can be only one of two kinds: they are either cancer just beginning, or small abscesses, pyæmic in character, which have become surrounded by a good deal of hardening, due to excessive plastic exudation.

A microscopic examination would decide this at once, by revealing the characteristic stroma and cancer juice, rich in cells, if the first supposition be true; but if it did not, I would take the other as the more probable view, taken in connection with the lesion in the lower bowel, with which metastatic abscesses in the liver are constantly associated. The morbid material is carried by the radicles of the mesenteric veins into the portal veins, and then is deposited in the liver, to become a focus of disease. The very fact that you have the clinical coincidence of colitis with these formations, warrants the view that they are pyæmic, and not cancerous. But it would scarcely be fair to dismiss this subject without presenting another hypothesis. Is this tubercle? In truth it does not look unlike cheesy tubercular masses, but I doubt if tubercle ever exists in the liver without co-existing elsewhere in the body, which was not the case in our patient. Tubercle, also, when in the liver, is mainly a surface trouble; though, it is true that it may be found in the parenchyma, but in such cases it is always associated with superficial deposit. Therefore, from the location of these masses, the rarity of hepatic tubercle, the impossibility of tubercle being limited to the liver, without manifesting itself elsewhere, we will hold that these are metastatic abscesses, the result of morbid material having been washed up into the liver, and here acting as centres of secondary inflammation.*

We pass from this to the specimens from a case of

Death from Heart Clot and Pulmonary Apoplexy, in a Case of Aortic Insufficiency with Peculiar Mitral Murmur.

The patient never had rheumatism, but had been at times very intemperate. The first symptom noticed was swelling of the ankles, and subsequently difficulty in breathing amounting to orthopnœa. But I will not dwell on this case, as he had not been before the class; it will be sufficient to say that during life a double murmur existed at the aortic opening, and systolic mitral bruit was distinguished at the apex. There was also pericardial effusion, with signs of cardiac hypertrophy and dilatation. He had ascites, œdema of the lower extremities and scrotum, and, during the last few days, dropsy of the right arm and right side of the face (this was the side that he lay upon). He was troubled toward the last with congestive hemoptysis and vomiting. While sitting on the side of his bed, gasping for breath, he fell to the floor and expired.

On examining the heart we notice enormous distention; its cavities were filled with a large recent clot, and the pericardium contains a pint of bloody serum. This is dilated hypertrophy, with dilatation predominating. In truth, the muscular wall of the right ventricle is not much thicker than in health; the tricuspid valves are normal, or nearly so. On the left side there is also dilatation, but associated with a certain amount of hypertrophy. The aortic valves are degenerated by disease, and in part destroyed, so that they must remain open. This is the result of atheromatous deposit, which is still visible in the walls of the aorta.

Summing up the symptoms, we find that he suffered from general dropsy, œdema and congestion of the lungs with dyspnœa, with cardiac dropsy. The physical signs were quickened and weakened pulse, double murmur, and increased area of percussion dullness.

Was this a simple case of aortic regurgitation? No, it was exceptional. Aortic disease, as a rule, will not give dropsy; it leads to thickening rather than dilatation; but if the latter occur, the hypertrophy is always in excess. The left ventricle has increased duty to perform, owing to the valvular insufficiency, and its muscular tissue increases to make up for this deficiency. In the case before us we had enlarged heart, with dropsy, but the force of impulse was not proportionate with the increase, and the pulse was not as strong as we might expect. On looking at the heart we find the explanation of this, and also of the peculiar apex systolic murmur heard during life. Here is dilatation predominating, and in the left auriculo-ventricular valves atheromatous deposit has also taken place, not having progressed so far as to greatly interfere with their functions, but roughening their surface so as to give rise to a blood murmur as the current impinged on their surface during the systole. As soon as cardiac dilatation began, then there was efficient cause for dropsy, which received this interpretation during life, because it had no other explanation; the urine having been frequently tested and found to be normal. I might add that the engorgement of the lungs, which you see, is also an additional point in favor of dilated heart.

Case of Diabetes Insipidus Cured by Ergot—Acute Meningitis in the Course of a Chronic Disease.

This patient presents points of more than usual interest, both as regards diagnosis and

* This view was subsequently confirmed by microscopic observation.

treatment. I will read his history:—A. F., thirty-three years of age, a miner, a native of Pennsylvania; is married, and has never been intemperate. He never had rheumatism, nor syphilis, and, with the exception of an attack of intermittent fever, thirteen years ago, he was well until 1874. At this time he experienced severe pain in the right side of his face and head, coming on without any known cause. This returned at intervals, and finally became very severe, the greatest pain being localized over the right ear. He never had vomiting nor vertigo with these attacks, but had severe pain in his eyes, and one year ago lost vision completely in his right eye after dimness lasting forty-eight hours. He has some irritability of temper since this began, and his memory is impaired.

His eyes have been examined by a skilled ophthalmologist, Dr. William F. Norris, who makes the following report: "Blue atrophy of both optic nerves was found, which was complete in the right eye. The central arteries were but little changed in calibre, but there is total absence of any signs of capillary circulation in the right disc, and in the retinal fibres in the neighborhood of the macula, there are a few small, whitish-yellow patches, fusiform in shape. The right eye is blind, and the vision in the left is partially defective, but he can see to read good type."

But there is another point in the case by no means unimportant. The notes state that upon admission "he complains of constant thirst; his skin is dry, and he passes a large quantity of limpid urine, of low specific gravity, 1.003, and containing no albumen nor sugar. He was passing eighteen pints of urine in twenty-four hours, when he was ordered fluid extract of ergot, one drachm thrice daily, with the effect of diminishing the amount to fifteen pints the succeeding day. This treatment was ordered before I came on duty, by my colleague, Dr. Jno. F. Meigs. On the sixth day the ergot was increased to two drachms, given thrice daily, with the effect of relieving the headache to a considerable extent, and of reducing the urine in the next fortnight to four and a half pints daily.

The ergot was discontinued when the urine had decreased to two pints daily. Twelve days later the head symptoms increased, and finally became the leading feature in the case, in spite of full doses of bromide of potassium and deodorized tincture of opium. The case came into my hands at this time, and I regarded it as an acute exacerbation of some old trouble, probably meningitis of the base of the brain. The former treatment was suspended in favor of iodide of potassium, ten grains three times a day, with a small amount of stimulant, a blister to the back of the neck, and the bowels ordered to be kept freely open. Notwithstanding the fact that the patient was delirious, requiring him to be strapped in bed for days, the tongue dry and coated, the skin harsh, I have an extremely satisfactory therapeutic result to report. Under the large doses of iodide the cloud lifted. He has now no delirium nor fever, and the headache is almost entirely gone. That this improvement was due to the remedy employed, I have not the slightest doubt.

But what has become of the diabetes? After the ergot was suspended, under the administration of the iodide the urine ran up to four pints daily, at which point it still remains, but as he is still using this potassic salt, this is a natural result, as it has been before noticed that iodide of potassium has a decided diuretic influence.

Polyuria, or diabetes insipidus, consists in an enormous flow of limpid urine, containing neither albumen nor sugar, nor any abnormal ingredient ascertainable by the chemist. All the normal constituents are present in the usual quantity, but very much diluted. The amount of water is much larger than in true, or saccharine, diabetes.

This is sometimes the symptom of a depraved nervous system. In hysterical females, a large flow of limpid urine sometimes occurs temporarily. When it persists, it indicates a lesion more permanent; it suggests a central nervous lesion, and is sometimes associated with organic disease of the brain. Tumors of the brain, especially those in the neighborhood of the fourth ventricle, may have this symptom. In all cases you should seek for the possible nervous disorder underlying the polyuria. There is no doubt here, from the pain, the blindness, the ophthalmoscopic report, that the real lesion is in the cranium; the case is one of central trouble, the diabetes being but one of the symptoms.

Now let me point out the extraordinary result of treatment in this case. He is, practically, well of the diabetes; when we stop the iodide the four pints of urine will, doubtless, fall to the normal quantity. He is strong, active, and well, apparently, and when he recovers from his brain trouble he will have no polyuria.

I first used ergot in diabetes insipidus two years ago, in this hospital, with complete success; the case afterward was admitted to the surgical ward with a broken leg, but his polyuria has not returned. This case I reported to the Pathological Society. In ergot, freely used, we have one of the most active agents in controlling this symptom, which, as I have before stated, is generally linked to disease of the nervous system. Everything has been tried in the treatment of diabetes insipidus, and, I may say, on the strength of three cases, that ergot shows a power in this respect that nothing else does, although, like other remedies, it may fail in some cases.

Now for the point of ergot causing the meningeal exacerbation. This is easily disposed of. The signs of meningitis came on twelve days after the ergot had been stopped, and were accompanied by distinct rise in temperature. Such exacerbations are quite common in meningitis, and I think this is sufficiently explained

by the previous attack; the ergot could not have caused it.

As to the evidences of meningitis. Violent delirium, with hallucinations, is one of the most certain diagnostic signs of meningitis affecting the base or convexity of the hemispheres. Another point is the admirable result from iodide of potassium, which is important evidence as to the nature of the disease. This case proves what has been doubted, that acute meningitis may come on in the course of chronic disorders, without a blow or evident exciting cause.

The diagnosis between chronic meningitis with thickening, and a small tumor, is sometimes difficult, if not impossible. The absence of headache, vomiting, and convulsions, would favor the idea of a tumor, but, in truth, a small tumor, and meningeal thickening with exudation, do not furnish points of differential diagnosis, and are practically very much the same thing; the meningeal disease and deposit really constitute a flattened tumor, and may give rise to symptoms from pressure on the brain.

There is sufficient reason for continuing the exhibition of the iodide of potassium, and of applying counter-irritants to the back of the neck.

[The patient remained under observation two weeks longer, when, being improved in every respect, he was discharged at his own request, in order to return to work. The urine was still about sixty ounces, but he continued taking the iodide of potassium up to the day he left the ward.]

Medical Societies.

PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY FRANK WOODBURY, M. D.

Conversational Meeting, Hall of the College of Physicians, Philadelphia, November 8th, 1876. The President, Dr. Thos. M. Drysdale, in the chair.

A vote of thanks was tendered to Dr. W. H. Parish for his paper on Puerperal Convulsions (published in the Med. and Surg. Reporter, Nos. 1034, 1035).

Dr. Wm. Goodell said that, as regards the pathology of the disease under discussion, no single theory that has been advanced will explain all the phenomena. In general terms, it may be stated that there is some morbific element in the blood, coöperating with the great nervous irritability peculiar to the puerperal condition. Where œdema is limited to the face and hands, the case is more likely to give trouble than where anasarca is everywhere present. In the latter case the general effusion seems to exert a compensatory influence, by lessening the amount of the morbific material in the circulating fluids, and by reducing vascular turgescence. In his experience, when epileptic patients become pregnant, the ordinary attacks are suspended during labor, but return shortly after, as before. He does not think that the clinical coincidence of pregnancy with epilepsy is particularly to be dreaded.

In the treatment of eclampsia he recommends venesection, to relieve blood pressure, and to remove some of the morbid element. He referred to Dr. Richardson's experiment, in which a dog, after the removal of one kidney, died of uræmic convulsions; while another, similarly mutilated, recovered with the aid of venesection.

Rosenstein's theory, that puerperal convulsions are caused by anæmia of the brain, seems inconsistent with two observations: First, the convulsions ought then to bring about their own cure, since it is well known that they cause cerebral congestion; and, secondly, experience shows that the inhalation of chloroform is useful in these cases, and yet one of the effects of this agent is to produce anæmia of the brain, an effect which makes its use so safe in the throes of labor which congest the brain. Invariably, in Dr. G's experience, the kidneys do not act just before and during the attack, and if these organs can be made to do their duty, the patient will be relieved. The prodromic symptoms call for careful consideration. Headache during labor should be controlled by chloral hydrate; in bad cases he has been obliged to bleed. When albuminuria is present during pregnancy, it should be treated by diuretics, such as the acetate of potassa. In these cases he always gives tincture of the chloride of iron, and enough potassic bromide to relieve nerve symptoms. During the attack he has obtained such good results from chloral that he would use it in preference to other sedatives, but not to their entire exclusion. He gives it by enema, in drachm doses.

Death is sometimes caused by blood clot. Such a lesion is necessarily almost always fatal; but a large majority of uncomplicated cases recover under proper treatment. The mortality is now much less than it was a few years ago.

Dr. W. H. Parish, in answer to Dr. Goodell, said, that he did not mean that pregnancy is particularly obnoxious to epilepsy, but that where epileptic attacks occur during pregnancy there is more danger than where it is uncomplicated. The cerebral anæmia theory of Rosenstein presupposes a congestion, followed by œdema, which causes the secondary anæmia, by pressure on the vessels. Venesection relieves the œdema, and indirectly the anæmia; but the muscular efforts of delivery, or of a convulsion, as they increase the œdema, cannot relieve the anæmia. In proof of the statement that anæmia may cause convulsions, he mentioned a case where such seizures preceded death from extensive hemorrhage.

Dr. Charles F. Wittig had good results in two cases of convulsions, after delivery, from warm fomentations to the abdomen, after the applica-

tion of cups, combined with the internal administration of calomel, or an emulsion of almonds containing nitre and bitter-almond water. He had seen similar convulsions occur in metritis, when there was no pregnancy, yielding to the antiphlogistic method of treatment. He thinks that, in the treatment of puerperal convulsions, the local symptoms, such as proceed directly from the uterus, should be particularly combated by venesection, since the brain is but seldom seen affected during the post-mortem examination.

Dr. Wm. T. Taylor had noticed in all his cases that the patient's head was thrown violently to the left, but was unable to account for it. In the treatment he relies on venesection, ether and purging; and, as a prophylactic, always gives bromide and bitartrate of potassa.

Dr. Wm. S. Stewart reported a case of a plethoric primipara, with frequent, violent convulsions coming on before delivery, and continuing through the next day. The urine was passed involuntarily and could not be examined, but there was no œdema noticed.. He opened a vein, but the blood was thick and dark, and refused to flow. Chloral enemata gave temporary relief. Dr. Atkinson being called in consultation, it was decided to give ten grains of chloral by the mouth after every convulsion. The patient, after a few doses, went to sleep, and awoke in the morning well, and had no return. The total amount of chloral used was one ounce in the twenty-four hours, including the injections which were retained. In plethoric cases, with headache, he recommended bleeding. He recalled a case where the convulsions were caused after labor by indigestion, ending fatally. Such cases suggest a different line of treatment.

Dr. Andrew Nebinger had, for many years, considered preventive treatment of the highest importance. His high estimate of its value caused him in cases of expected labor to institute inquiries into their condition of health during pregnancy. Shortly after commencing practice he had made it an obligation with his patrons, in all such cases, that they should inform him of their pregnancy several months in advance of confinement, so that he might have an opportunity to inquire into their health, and to give to them such general, and, if need be, special directions and treatment as they might require. When he concluded that the kidneys were not properly discharging their functions, and an examination of the urine disclosed the presence of albumen, he directed the free use of diuretics and such other treatment as would normalize the kidneys, and gave the case close looking after until the time of accouchement. If much œdema presented, especially if headache were associated with the albuminuria, he instituted a more active treatment, by having the diuretics preceded by the administration of an ounce of Epsom salts. He had not, he was happy to say, had a large number of cases of puerperal convulsions, notwithstanding the fact that he had had a large obstetrical experience. He was disposed to attribute the small number of these to the close watching he gave them during pregnancy.

One of the facts presented by the lecturer was that in ninety per cent. of all the cases of puerperal convulsions their exists albuminuria. This fact is of great significance. It points most unmistakably to retained urea as an important factor in the production of puerperal eclampsia, and is certainly very suggestive in regard to the importance of making inquiries into the condition of the kidneys of every pregnant woman, and of taking the necessary steps to place the organs in the best possible condition before labor sets in. If it be true, and he thought there was no doubt of it, that in ninety per cent. of the cases of puerperal convulsions albuminuria is present, he would ask, how many of those cases might have been prevented if treatment had been given to the kidneys, and they had been restored to a condition at least more normal than that in which they were at the time the convulsions set up? He thought the rule should be, with all who practice obstetrics, to require all cases of confinement to inform the physician three or four months before the period of their expected labor, that he might have an opportunity to keep such cases under observation, so as to correct any indisposition which might spring up, whether albuminuria or any other disturbance of health. His practice in attacks of puerperal convulsions, not hysterical, had been to bleed freely, not using the lancet so much as a means directly curative, but as a prophylactic to save the brain from injury during the terrible congestion which exists at the time of the convulsion, and to thus gain time for the operation of curative remedies. Immediately after bleeding, if the labor had so far advanced as to justify the use of the forceps, he applied them and delivered the child, as he regarded the emptying of the womb, and allowing it to resume a state of inaction and rest, of great importance. It has been his own, and he thinks the experience of all who have treated puerperal eclampsia, that the labor pains and the return of the convulsion were synchronous; that the pains often appeared to excite the return of the convulsion. After the bleeding, he administered three or four drops of croton oil. Relief of the convulsions not being secured in an hour or two after the bleeding, he had cut-cups applied to the base of the head and to the back of the neck, abstracting six or more ounces of blood. He applied the ice-cap, and had also applied a blister to the occiput and neck. He could call up but one instance in his practice in which the babe was born alive, whose birth had been preceded by convulsions. This was in the instance where the mother, who had two convulsions, had been freely bled after the second convulsion, and delivered with the forceps immediately after the bleeding. He begged to urge the great importance of the prophylactic treatment, and felt that it could not be too highly estimated in the prevention of the formidable

disease to which our attention has thus been so positively drawn by the lecturer.

The President had systematically examined the urine of all his obstetric cases, and found that the albuminuria sometimes does not occur till late in the pregnancy. Out of nearly two thousand confinements, he had only seen twenty cases of true puerperal convulsions; in these he had successfully pursued the same treatment advocated by Dr. Nebinger, with the addition of large doses of bromide of potassium.

Editorial Department.

Periscope.

Can the Syphilitic Poison be Transferred through Milk?

Translated from the *Centralblatt für die Medicinischen Wissenschaften*, October 28th, 1876, by John Sundberg, M. D., Baltimore, Maryland.

Dr. O. Simon reports the following experiments by Dr. R. Voss, from an original communication to the *Petersburger Medicinische Wochenschrift*:—

The author inoculated three prostitutes with the milk of a syphilitic woman. This woman suffered from a papulous syphilide; the genitals and anus were covered with moist, mucous papules, but the mammary glands were entirely free. The milk was obtained by pressure, and injected into the subcutaneous cellular tissue of the three prostitutes by means of a hypodermic syringe. On the first, who was syphilitic, the inoculation produced no result. The second, who suffered from urethritis, remained healthy. The third, who is sixteen years of age and never has been syphilitic, was admitted to the hospital on the 16th of September, on account of a urethritis, and on the 27th the milk was injected. There appeared a large inflammatory swelling, which broke, and on the 24th of October was perfectly healed. On the 3d of November (about forty days after the inoculation) a papulous eruption appeared around the point where the milk had been injected, and on the 8th of November other parts of the body were also found covered with a maculo-papulous syphilide, together with adenitis. The symptoms disappeared under mercurial embrocation. The author therefore believes that the milk of syphilitic individuals is as capable of procreating syphilis as the blood.

Carbolic Acid Injections in Phthisis and Tuberculosis.

In reply to numerous questions about the treatment above mentioned, Dr. J. Schmitzler, of Vienna, gives the following points in the *Wiener Med. Presse*, No. 35:—

1. Up to this time, I have used carbolic injections in more than 100 cases. In many of these, one or two injections were given daily during four weeks, and even longer, with scarcely any interruption. Individual cases received but one or two injections, because they neglected to return, and not from any unpleasant results of the treatment.

2. I generally used a solution of the strength of $\frac{1}{100}$, only seldom of $\frac{2}{100}$ (acid. carbolic. 0.1, aqua destil. 10.0), of this from 1 to 2 Pravaz syringefuls; at each injection, amounting to 1 to 2 centigrammes of the acid.

3. Children I generally gave half a syringeful of the above mentioned solution. The youngest child to whom I have as yet given the injections was eight years old, and the result was very satisfactory.

He uses Leiter's new hypodermic syringe, which holds almost one gramme, a convenient dose of the solution.

Salicylate of Soda as an Antipyretic.

Dr. John Cavafy, of St. George's Hospital, London, reports this case in the *Lancet*, Nov. 4:

A nurse was warded under my care, suffering from enteric fever. The case was one of considerable severity and of long duration, the evening temperature reaching 104° for many days. In course of time the fever declined considerably, but on the twenty-sixth day of the disease the temperature again began to rise. On this day (Oct. 1st) the morning temperature was 101°; evening, 101.8°. On Oct. 2d: morning, 102.4°; evening, 103.8°. Oct. 3: morning, 102.8°. On this day I saw the patient in the afternoon, and for the first time ordered salicylate of soda, half a drachm every four hours. The first dose was given late in the afternoon, and in the evening the temperature was only 100.8° (as against 103.8° on the previous day). One more dose was given at night, but this was followed by vomiting, with cold extremities and very weak pulse. The house physician, Mr. Blake, who was called to her at 4 A. M., found her very low, and at once discontinued the medicine. The temperature was not taken at that time; but at the usual time (8 o'clock) in the morning of Oct. 4th the thermometer marked only 96.9°. No medicine was given during the day, and in the evening the temperature was 103.6°—a rise of nearly seven degrees. During this time there was no diarrhœa, the bowels being opened only once on Oct. 3d, and not at all on the 4th. There was not the slightest hemorrhage. Evidently, therefore, the great depression of temperature

was due to the salicylate of soda, as is shown also by the enormous rise which ensued on its being withheld.

I am not aware of any published cases in which salicylic acid or its soda salt has been employed in cases of fever, rheumatic or other, in which the temperature has reached or exceeded 107°; but my reason for bringing the above case under the notice of the profession is that it seems to show that we are now in possession of a most valuable remedy for hyperpyrexia, which is usually treated by the cumbrous and tiresome method of cold baths. It shows at any rate that a marked depression of temperature may be produced in some cases of fever, and there is no *primâ facie* reason to believe that hyperpyrexia would prove exceptional. I hope, therefore, that those who have an opportunity will give the drug a fair trial in cases of this nature, and publish the results. I should feel inclined myself to begin with rather large and frequent doses (say half a drachm of salicylate of soda every hour), and gradually diminish the quantity, and lengthen the intervals of administration, according to the result produced. Salicylate of soda, owing to its free solubility, and consequent ready absorption, is decidedly preferable to the sparingly soluble salicylic acid.

The Topical Use of Carbolic Acid and Creasote to the Throat.

In the London *Medical Times and Gazette*, November 14th, Dr. G. A. Imlay writes of these drugs:—

In cases of long-standing chronic bronchitis, with profuse yellow purulent expectoration, I have never known these remedies fail to diminish expectoration, and allay the troublesome cough in a remarkable degree. When we carefully examine the local action of carbolic acid, creasote and tar on external inflammations, ulcerations, etc., we can easily conceive the beneficial results to be derived from their local application in the form of spray to the mucous membrane of the bronchi. Carbolic acid is well known to prevent decomposition; and nowhere is this action better verified than in cases of bronchitis with offensive-smelling sputa, for after a few applications it will invariably remove the fetid odor from the expectoration. I think, in this particular, carbolic acid is certainly superior to creasote. But, in my opinion, their beneficent action is mainly due to their astringent effect on the mucous membrane; and creasote has here a great superiority over carbolic acid, for it will frequently diminish the expectoration to one-half its former quantity in the course of three or four days. Their sedative properties are greatly inferior to those aforementioned, for I have frequently employed them in cases where a constant irritating cough, with slight mucoid expectoration, were the only symptoms complained of; but I cannot say that I have ever seen any benefit derived from their use. With regard to the manner of their application, the instrument I prefer is Siegle's inhaler, as I believe it possesses special properties when you aim at applying local medication to the bronchi. It consists essentially of a boiler containing water, a glass containing the solution of carbolic acid, creasote, or tar, as the case may be, and two glass tubes drawn to a fine point, like an ordinary spray-producer. The steam from the tube in connection with the boiler draws, by capillary attraction, the medicated solution up the second tube, and by this means a very fine spray is produced, capable of permeating to the most minute ramifications of the bronchial tubes; and, moreover, when it reaches the lungs, it approaches as nearly as possible the temperature of the body. I generally commence with a weak solution of creasote, two minims to the ounce of water, and gradually increase it to twice that strength. A sufficient quantity of spirit should be added to dissolve the creasote. I direct the patient to take one deep inspiration, so as to entice the spray well into the lungs, and again to renew it in the course of a few seconds. After one or two applications it gives rise to no irritation or cough, and it is extremely agreeable to the patient.

Colorado as a Resort for Consumptives.

Dr. H. A. Lemen, of Denver, in the *Transactions* of the Colorado State Medical Society, gives a report on 44 cases of consumption, and concludes with the following general remarks:—

Certain cases of consumption—or consumption of a certain type—would of necessity prove more rapidly fatal here than at sea level, surrounded by ordinary salubrious conditions of health. Such instances as those in which one lung is *extensively* involved, or both to a less extent; in which the adherent tendency to dissolution is obstinate and continuous; the digestion and assimilation greatly impaired; the nervous system profoundly disturbed and depressed, or exceptionably irritable; the mesenteric glands involved; an unusually high pulse and temperature standard—such cases, I repeat, will live longer under ordinary salubrious surroundings and proper medication in the States, or at a lower altitude.

For the same reasons, an individual suffering from an attack of ordinary phthisis, but undergoing an exacerbation of cough, frequent pulse, dyspnœa, loss of appetite, weight and strength, would probably do quite as well to place himself under salubrious surroundings and well-directed medical treatment until acute accessions have been measurably controlled, and then seek a higher altitude and the climatic conditions it furnishes, as to rush at once to the latter when in an unfavorable plight, to engage upon a long and fatiguing journey, or to tolerate a considerable rarefaction of the air he breathes, associated with great daily variations of temperature, as most elevated and mountainous regions are.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Toledo *Medical and Surgical Journal*, Dr. Jonathan Priest, editor, is launched January 1st. Monthly. Price, $1.50 per annum.

——*Lippincott's Magazine*, for January, is, as usual, full of well-chosen and entertaining reading. None of the literary monthlies surpass it as a pleasant and instructive family monthly.

——*The Quarterly Journal of Inebriety* appears in its first number, December, 1876. It is the official organ for the American Association for the Cure of Inebriates, and from its first number augurs well. This contains the address of the President of the Association, Dr. T. L. Mason, an article on the causes of the increase of inebriety in America, by Dr. George M. Beard, and a number of pages of Proceedings, etc. The subscription is $3.00 a year. Subscribers should address Dr. T. D. Crothers, Binghamton, New York.

BOOK NOTICES.

On Coughs, Consumption, and Diet in Disease. By Horace Dobell, M. D., F. R. M. C. S; Consulting Physician to the Royal Hospital for Diseases of the Chest, etc., etc. Philadelphia, published by D. G. Brinton, 115 South Seventh street, 1877. 1 vol. 8vo. Cloth. Illustrated. pp. 222. Price $2.25.

Dr. Dobell is very favorably known in Great Britain for his various works on thoracic disease, his "Winter Cough," his "Demonstrations of Diseases of the Chest," his "Tuberculosis, its Nature, Cause and Treatment," as well as for his many contributions to medical periodicals, and his "Annual Reports on Diseases of the Chest." As the discoverer of pancreatine and pancreatic emulsion in their medical applications, he has, in the opinion of many, conferred a boon on the consumptive only second to that of the introduction of cod-liver oil. As a most able clinical lecturer, full of sound sense and practical suggestions, he has long ranked in London foremost in his specialty.

Such a writer most eminently deserved an introduction to the American profession, and the present book performs this in a very fitting manner. It is, as the editor informs us, made up of a series of extracts from Dr. Dobell's various writings, so arranged that they form a connected treatise on the diagnosis and treatment of some of the most common diseases of the air passages.

The first hundred pages are taken up with instructions in diagnosis. Rules are given how to make a systematic examination of the chest, and the prognostic value of hæmoptysis, cavernous sounds, emphysema, narrowed air passages, etc., is very carefully stated from a wide area of observation. A very valuable chapter is given on the diagnosis of *early* phthisis—how to recognize the disease in its incipiency—often a vital point in saving the life of the patient. Here the author shows most forcibly his powers of instruction. Winter-cough, ear-cough, and post-nasal catarrh are also discussed in this portion.

The second part is devoted to "the Treatment of Coughs, Colds and Consumption." Much stress is laid on early treatment and the *avoidance* of colds and coughs. When once seated, the author divides our means of combating them into four classes:—1. Medicine introduced by the stomach. 2. Medicines introduced by inhalation. 3. Counter-irritants; and 4. Changes of climate. His plan is to take up one remedy at a time, such as antimony, aconite, ipecac, squills, etc., to give the particular class of cases in which it is indicated, the best preparation, the dose, and the frequency of the dose. His therapeusis is singularly clear and definite—a great relief after perusing the vague generalities of so many writers on practice.

The third part is entitled "Some Principles of Diet in Disease," and gives with brevity the principles and rules which should govern our regulation of the food of the sick. They are concise and pointed, yet eminently scientific. A scheme is given of a model diet for a consumptive patient, and another for a diabetic patient; while the last chapter gives a number of recipes for nutritive enemata and dietetic preparations, which the author himself has designed and employed with success.

The work is neatly printed on tinted paper, is handsomely bound in pebbled cloth, and contains a few illustrations, well engraved. In the solid information it contains it is probably not surpassed by any work on its subject in the language.

THE

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THE MEASURES WE HAVE ADVOCATED.

We are told in the Homeric epic, that while a god is taking a single step, ages roll away. So it is in the progress of all divine things; a truth struggles for centuries before it is acknowledged; a reform counts thousands of martyrs who waste their lives, seemingly futilely, before it is adopted; a just law must conquer a hundred perversions before it reaches an effective control of social relations.

These things admonish us to admit no discouragement in the war for what is better, but ever press and iterate the improvements which we conscientiously believe are called for.

At times it is well to review and re-examine these, guiding ourselves by a richer experience; if possible, by a riper judgment. No epoch is more appropriate than that of the commencement of a year. We rehearse, then, those which this journal has advocated and demanded, and which in the future it proposes to continue to clamor for. Our retrospect will be limited, however, to those subjects which have been discussed editorially in the volume which has just closed, July—December, 1876. They may be conveniently divided into those which pertain to the medical profession itself, and those which are expected from it by an enlightened public.

Fully believing in the truth of the prediction quoted from Mr. Gladstone, in the editorial on "The Relation of the Medical Profession to Society" (Oct. 28), that it will, in the future, gain increased influence, greater in proportion than other professions, it has been variously urged, that to accomplish this, it must deserve it. The great evil of the competitive, or "cheap-John" system of underbidding for practice, has been stigmatized as unworthy a learned profession (Nov. 18th); and as to whether physicians can appropriately dispense their own medicines where pharmacists are handy, has been discussed, and remains an open question (Dec. 9th). The importance of an early adoption of the metrical measures and the English language in writing prescriptions has been prominently set forth (July 29th), and supported by an able and lucid communication from one of the most eminent pharmaceutists in our country, Prof. John M. Maisch (Sept. 9th). The well-worn topic of medical education has been presented, with the suggestion that this matter be taken in hand by medical societies, inasmuch as it is evident that the colleges themselves are too intently listening to "the clinking of the guinea," to hear the protests of the profession at their hurtful inertness (Dec. 10). We are glad to be able to add that since that editorial appeared we have been apprized of a movement in this direction, which cannot but have a most positive influence ere a long time.

In what regards the sociological duties of the profession, the importance of statistical records, by the formation of Boards of Health, and the general registration of diseases as well as deaths, has been commented on (July 1st).

Four especial measures, directed to the diminution of sickness and mortality, have been on several occasions brought up. One of these is the care of infant life in the hot months, through rural sanitaria, and instructing mothers in the rules of hygiene (August 5th); a second is the necessity of more general and repeated vaccination, preferably with bovine lymph; a third, the need of some more inoffensive method of disposing of the dead (September 23d); and the fourth is the prevention of the spread of syphilis by legal means. This latter topic has been repeatedly alluded to; the address of Dr. Sims has been analyzed (July 15th); the question of general syphilization has been opened (September 30th); and the notion that syphilis is not a dangerous disease has been refuted (November 25th). It is true that the Reporter continues to stand almost alone in its open advocacy of subjecting houses of prostitution to registration and inspection; but it is easy to see that the necessity of some such action is daily becoming more evident to the profession. Legal measures, it has been urged (November 18th), should also be invoked to place the confirmed drunkard under restraint, and his property under guardianship. The "natural history" of crime has been spoken of as one of the most pregnant studies for the physician and philanthropist, and its physical basis has been adverted to (September 9th). The crying want of better general education of the public in hygiene has received repeated attention, and the excellent design of "schools for nurses" has been explained (July 8th). The value of forests to public health was brought forward in connection with the meeting of a society which had that aim for its business (September 9th).

This incomplete review of what this journal has contributed its mite to aid and further, during the past six months, shows, at least, how many and weighty are the questions which the medical public have to consider and act upon. Physicians are the class which, more than any other, can hasten these reforms, if such they be. The periodical press of the profession is one of the mightiest levers they can use; and so far as that is represented by the Medical and Surgical Reporter, it will ever be found, so long as its present management continues, ready to do its utmost in the contest for the right, and to welcome those writers who handle these subjects without bias and with earnest motives.

Notes and Comments.

The Limitation of Syphilis.

Dr. J. R. Black, of Newark, Ohio, has attempted to render practical the suggestions of Dr. Marion Sims for the limitation of syphilis. In a paper read by Dr. Black before the Zanesville Academy of Medicine and published by the Society, he recommends that, instead of prostitutes being examined, their male visitors should be inspected by the manager of the house, and if any ulcer or abrasion is noticed, the visitor must be forbidden the house; and if he refuses to go, shall be liable to arrest and imprisonment.

While foreseeing several serious difficulties in the way of this plan, there is no doubt but that some of its features are excellent and practicable, and we earnestly commend the perusal of Dr. Black's pamphlet to all interested in this momentous and needed reform.

Dr. Brown-Sequard on Nerve Disease.

The recent lectures of Dr. Brown-Sequard show him quite apart from the prevailing physiologies. He teaches that symptoms of paralysis, anæsthesia, amaurosis, aphasia, etc., are due to irritation, and not cessation in the function of various parts of the brain; for irritation of parts around the portion destroyed by disease causes certain sensations; not that the part destroyed causes them, but because an irritation starting from the place around influences cells, some near, some at a considerable distance from the locality of the lesion. Dr. Brown-Sequard, therefore, believes that certain functions of the brain, instead of being localized in clusters of cells, are, on the contrary, spread over the greater (if not the entire) part of the brain; and this theory explains a very large number of cases of disease which otherwise it would be impossible to understand. Parts in the brain supposed to be endowed with special functions

can be destroyed without any alteration in the loss of functions, and *vice versâ;* so that it follows that any part of the brain can produce anæsthesia, aphasia, paralysis, or amaurosis, and parts supposed to contain special functions can be destroyed without causing aphasia, amaurosis, etc. As regarded treatment in cerebral affections, Dr. Brown-Sequard places most reliance on the actual cautery brought to a white heat, and scored along the back of the neck, opposite the last cervical and first dorsal vertebræ. Strychnia also, pushed so as to produce spasmodic movements, is of considerable service, but perfectly useless in smaller doses.

"The Anatomist."

Our readers will perhaps recall the admiration expressed by a Centennial correspondent of this journal for the picture of "The Anatomist," by Max, in the Art Gallery (See Reporter, August 26th, 1876). They will be pleased to learn that an etching of this masterpiece has been placed in the market by Berendsohn Bros., New York city. It is very well executed, and as an appropriate office picture will no doubt have a large sale.

The Sudden Checking of Opium Eating.

The eminent Sir Robert Christison, after a large experience in the treatment of such cases, says that no good can be done by "gradual reduction," and that it can be safely left off abruptly, even after many years' indulgence. He recommends bromide of potassium to allay irritability, and chloral to procure sleep. For the first three days the patient suffers from great depression, loathing, sickness, and vomiting. By the fourth night he falls asleep and awakes refreshed, and in most cases the progress afterward is very satisfactory. There is, however, great danger of a relapse. Should diarrhœa supervene, suppositories of morphia should be ordered.

Leucocythemia.

At a recent meeting of the Clinical Society of London, the members reported several cases of glandular disease and of splenic leucocythemia, in which phosphorus had been steadily administered, but without apparent benefit. The discussion upon these cases served to show how very far from settled are the opinions of pathologists and physicians respecting the origin and relationships of anæmia, leucocythemia, and kindred diseases; and, until the origin of these diseased conditions is more distinctly understood, we can scarcely hope that their treatment will be improved. The suggestion that they are of syphilitic origin, advanced last year by a well-known French surgeon, did not come up in the discussion.

The Effect of Altitude.

In the *Transactions* of the Colorado State Society, Dr. A. Stedman remarks on the effect of that elevated position :—

Persons in ordinary health and flesh find, usually, that a prolonged residence in this country reduces the weight, and among women and persons of nervous temperaments more especially, this decrease in weight is accompanied by a condition of nervous prostration, which is, in fact, but the depression which follows the excitement of the first months of their residence here.

While the system responds normally to this stimulant, sleep is sound and refreshing, but when the nerve centres have become exhausted, and the blood no longer furnishes the proper support, what was before but a stimulant now acts as an irritant; the sleep becomes imperfect, the system anæmic, and the whole train of nervous, and in women, uterine, disturbances, follows as a natural sequence.

In men, this action of the climate is less marked; yet few, even of the stronger sex, after a few years' residence here, can go without sleep as readily, or perform as much physical or mental labor as they have been accustomed to do.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

Letters by an Invalid Physician.

LETTER VI.—PAU AND PISA.

Ed. Med. and Surg. Reporter:—

It will thus be seen that Spain, Morocco, Algeria, Tunis, Egypt, and the islands of Corsica, Sardinia and Sicily can be roamed among at will by the invalid tourist, he, at the same time, keeping almost constantly in the warmer latitudes of the southern Mediterranean. I consider sending a patient to a place he can safely leave at will, a most fortunate thing; and, on the contrary, I regard sending him to an isolated spot, that he is afraid

to leave, like Bermuda, Nassau, or Isle of Pines, a calamity. Mr. Erichsen gave me the key note of traveling for health when he said, "Never stay in a place after you tire of it." Of course he did not mean, nor I now, to convey the impression that a patient is to go wildly rushing from place to place on the whim of the moment, finding nothing but unrest and ultimate exhaustion. A patient should not go far away from his asylum for a week after reaching it, and the first day or two after his arrival should be devoted to absolute rest. There is such a thing as getting acclimated before one can expect to benefited. I have yet to visit a health resort and not hear from more than one invalid the complaint, "Oh! I am so sick of this place. I wish I could leave it. I don't believe I will ever get any better here!" They had money, and strength, and wish, and power, and right to leave, but they had not the will. They were afraid, cowed. The resident physician, or the doctor at home, or anxious relatives, had said stay! and I have no doubt that the majority of them staid until it was time to embark for the "dark and unknown waters that encircle the earth."

Pau and Pisa are holes; I mention them only to condemn them. A well man would die of rheumatism in the first, and of gloom in the second, within a month, and a sick one would stand his chances in proportion. Pau is a still city, under the shadow of the Pyrenees, full of rains and dampness. It has been called into existence by advertising, some English fashionables, a club house, and one or two unaccountable recoveries from phthisis. The mean temperature of winter is 42° F., of spring 54°. The thermometer often varies a score of degrees between morning and noon, and it has an annual rainfall of over forty inches. During observations by Weil, at Pau, in December, the thermometer fell eleven times to zero.

Pisa is a city more dead than alive, humid, mouldy, and warm. It is protected from chilling winds by the Appenines and a high wall. It has abundant exposure to warm breezes which blow over the neighboring malarial marshes. Its annual winter temperature is 45° F., and its spring 55°. Its atmosphere is described by a writer on climate as sedative and antiphlogistic. As I strolled around this old Tuscan city (it was founded six centuries before Christ), one fine day late in March, I could not rid myself of the idea of imprisonment. The Arno was walled, sullen, and turbid; the streets were gloomy, deserted, and grass-grown; and what inhabitants one saw, looked jaundiced and melancholy. It will not be wondered at that I left, with a feeling of relief, this dismal place, for the bright, beautiful. and attractive Tuscan capital, Florence.

The value of what a man writes depends largely on the spirit in which it is written. Lest some of my readers think that my emanations are those of a bedridden invalid, disappointed in his search for health, let me state that this second day of December, eighteen hundred and seventy-six, I have driven on a "buckboard," at a spanking trot, with the thermometer six above zero and snow flying, six miles; that I have eaten two substantial meals, with "digestion waiting on appetite;" and after I walk to the post office and deposit this letter, I intend to attack meal third. Moreover, no one would enjoy a sail to the Mediterranean at this present moment more than I; and a tramp over my old invalid haunts would be more than enjoyable—it would be triumphant.

Saranac Lake, Adirondack Mts.

"Preliminary Education of Medical Students."

Ed. Med. and Surg. Reporter:—

Your editorial, with the above heading, in the Reporter of Dec. 16, 1876, is deserving of the attention of the medical profession. You say that the preliminary education of students should be under the control of the medical societies. Preliminary education in applicants for medical honors is apparently becoming more and more neglected every year, in proportion as the avenues are opened for the admission of pupils into the competing schools, which have multiplied greatly in number of late, to the detriment of the quality or character of the teaching and of the taught.

It must be apparent to you, Mr. Editor, as well as to your readers, that the preliminary education of medical students has lately been taken almost entirely out of the hands of medical societies.

When I studied medicine it was considered necessary to enter the office of the most respectable practitioner in the neighborhood, pay him a *respectable* fee for his teaching; remain with him at least one year, or more generally two years, before going to college; read his books, and get his explanations; witness his examination of office patients, and his prescriptions; afterward, to ride around with him to see those who were confined to their beds; hear his explanations, methods of diagnosis, etc., then compound his medicines; make the pills, powders, tinctures, etc.

This is all changed now: the father of a son about eighteen years of age, having a vainglorious desire to have him made a doctor, without regard to any suitable preliminary education, and without considering the absence, perhaps, of other quite as important qualifications (for there are natural aptitudes for the medical profession, as well as for other pursuits in life), immediately hurries him off to the lecture-room, pays one of the professors a fee to take the lad as an *office student*, and the student comes out at the end of the second session, about eighteen months after having read the first page of any medical work, as a *full blown doctor*.

I am by no means referring, Mr. Editor, to the quack colleges, but make a simple matter of fact statement of what occurs every year in the most respectable colleges of the land. We

country practitioners, even those of us who form the bone and sinew of the medical societies, have nothing whatever to say in the preliminary education of medical students, for the simple reason that *we are never consulted.* I have not had an application from any one desiring to become an office student for twenty years; and I do not know of half a dozen among my many medical friends in this section that have.

The students all go immediately to the lecture-room, without any preliminary medical education whatever, and numbers go with only a very rudimentary English education. A private ticket from one of the Professors is almost a certain passport to graduation. This is understood and acted upon everywhere in this country.

What can the medical societies do in such cases? Nothing. The Professors should maintain their independence and their *impartiality*, by standing entirely upon their lecture ticket, and let the practitioner near the pupil's home train him for the college lectures and receive the *fee* therefor.

While the entire business of training, as well as of giving the final teaching to the pupil before he goes into the field of practice, remains in the hands of the college professor, it is very evident that the subject of medical education, preliminary as well as final, is entirely removed from medical societies, and from medical practitioners generally, the whole subject being left in the hands of the college professors: and in their hands the responsibility must now remain. W. Stump Forwood, M. D.

Darlington, Md., Dec. 18th, 1876.

Professor Lister and Carbolic Acid.

Ed. Med. and Surg. Reporter:—

During the summer of 1857, while I was witnessing Prof. Lister's early experiments with carbolic acid as an antiseptic, in the Royal Infirmary of Glasgow, the result of which I furnished for the Reporter, so little was known of the agent in this country, that my venerable friend, General Patrick, late Provost Marshal General of the Army of the Potomac, having read of it, and desiring to try it for the cattle plague, being unable to find any in the market, was driven to the necessity of having some prepared by a German chemist in New York, as he has since informed me. And it was through my report, in your very excellent journal, which I had submitted to him, to be certain that it gave a fair account, that the use of carbolic acid as an antiseptic in surgery was known in the United States before it was generally known in Europe, or even in England, as I had ample means of knowing. For, though it had been introduced into the Greenock Hospital, and was being used by Prof. Syme and Dr. Watson, of Edinburgh, it was ignored or opposed in the Liverpool hospitals, and so little known at Guy's Hospital, in London, that when a patient was brought in with a bad compound fracture, the surgeon in charge, aided by what I told him of Prof. Lister's use of it in such cases, dressed it accordingly, remarking that "Lister ought to publish his method of using carbolic acid as an antiseptic in such and other surgical cases."

Comparatively few American surgeons are aware, I think, of the tardiness in the reception of Lister's use of this agent as an antiseptic in surgery, in Europe, and even in Great Britain, attended often with an incredulity leading to positive opposition. And this was one reason he published so little, early cautioning me to say little about it in London, wisely preferring to satisfy himself, and be fully prepared to sustain his positions before arousing unnecessary opposition. And yet, enough had been said to call it up at the British Medical Association in Dublin, of that year, the innovation being treated with quite a general incredulity, if it might not be said of some with contempt. And in this country many were incredulous; one of our first American surgeons, having read my report, on my return, said to me, "Lister is crazy on carbolic acid."

Prof. Lister, however, has triumphed; opposition has ceased; and humanity has had, and will continue to reap the benefits, while man is mortal and liable to those accidents and conditions in which his plan of using the antiseptic may be indicated.

His recent visit to this country appears to have awakened an increased interest on the subject among our best American surgeons.

E. R. Maxson, M. D.

Syracuse, N. Y.

Chloral with Solid Fats.

Ed. Med. and Surg. Reporter:—

As a therapeutic agent chloral has become so popular that its range of application is as diversified as any drug or chemical of a century's standing; but its nature has not been sufficiently studied to construct formulæ readily that furnish preparations easily dispensed and always praiseworthy; on the contrary, formulæ are written which furnish not only inelegant but almost incompatible preparations. A case in point is its combination with solid fats. It is a matter oftentimes overlooked, if not entirely unknown, that chloral hydrate is a solvent for fats, so much so that solid fats become liquefied by contact. Hence, it is not advisable to prescribe, for instance, chloral with lard, simple ointment, or even with simple cerate, in a very large proportion. With oleum theobroma it forms an unctuous mass, which furnishes a very creditable preparation dispensed as an ointment; but to make from this combination a suppository it is almost an impossibility. Still less possible is it to make a suppository containing, with chloral, one of the solid extracts, which must previously be moistened with a little water to make miscible with the solid fat, as a drop of water increases enormously the fluidity of the oleaginous mixture.

The writer has made a number of experiments as to the best excipients, and finds that equal parts of spermaceti and oleum theobroma have the advantage over any other. In a suppository containing ten to twelve grains of chloral this is about the proper proportion. Deviating from this strength, the proportion of spermaceti must be increased or diminished accordingly. Vaselin and paraffin, using three of the former to two of the latter, make a very good base, but it does not melt as nicely into an unctuous mass as does the former.

Philadelphia. L. E. S.

Intestinal Obstruction Removed after Forty-one Hours.

Ed. Med. and Surg. Reporter:—

I take this opportunity to report this remarkably interesting case that occurred in my family.

A boy, born Nov. 27th, 1876. General appearance healthy and strong. Observed nothing unusual or abnormal for the first twelve hours, when the little fellow was seized with convulsions, lasting from one to five minutes, accompanied by severe tenesmus, with no movement of the bowels. I at once mistrusted imperforate rectum, but upon examination the anus was found natural. The effort at defecation continued at intervals of from ten to twenty minutes, each time terminating in a spasm with strong rigidity of the whole muscular system. Respiration would cease from one to five minutes at each spasm. The heart would stop beating, and he would get blue-black in the face and on the surface of the body, and it was with great effort that respiration could be established. I at once proceeded to give him an injection, but with no favorable success. The moment the water entered the bowel it was rejected with double the force with which it was deposited. After failing in this I gave him one-half teaspoonful of olive oil; after waiting about five hours I gave one teaspoonful of olive oil and five drops of turpentine mixed; during the time intervening we put him in Sitz baths several times, and constantly kept hot fomentations on the bowels. Six hours after the administration of the last dose of oil and turpentine (having resorted to the syringe frequently), I gave him two drops of croton oil in emulsion of gum acacia, and at this time I gave of the following:—

℞. Brom. ammoniæ, grs.xxiv
Syrup tolu,
Aquæ, āā ℥ss.

One teaspoonful every hour and a half.

This lessened the severity of the spasms, also their frequency.

Twelve hours after giving the oleum tiglii I called in council Dr. H. N. Crapper, who gave as his opinion that there was an obstruction of a mechanical nature that never would be removed; this opinion only served to strengthen my own belief. That if what had been given did not open the bowels, nothing would. We continued the bromide ammonia and tolu, to control the spasms, also the hot fomentations on the abdomen; seemed to be quite free from pain unless he was moved, when he would cry lustily for a few minutes, when he would become quiet and fall asleep. Twenty-eight hours after giving the first dose of oil, twenty-three hours after the second oil and turpentine, and eighteen hours after the administration of the croton oil, there was a slight show on the diaper; from the moment of birth up to this time the child presented an exsanguine appearance. But instantaneous with the movement of the bowels he turned as red as scarlet, which appearance existed about three hours; after the expiration of that time he assumed a more natural appearance. At this time I gave one teaspoonful of olive oil, which resulted in a second movement of the bowels after the lapse of about three hours, since which time, by the occasional use of a soap suppository, his bowels have been quite regular. J. N. Medbery, M. D.

Webster City, Iowa.

Sulpho-carbolate of Soda in Diphtheria.

Ed. Med. and Surg. Reporter:—

I notice in the Reporter, November 25th, 1876, an article from Dr. W. E. Anthony, of Providence, Rhode Island, on the use of sulpho-carbolate of soda in the treatment of diphtheria. I have had a similar experience with the use of this drug in the disease mentioned. I read a report of a case partly thus treated, before the Union Medical Society of northeastern Ohio, in May last, and also the memoranda of other cases in which I used the sulpho-carbolate from the beginning of the complaint. I attribute great value to its use, having exhibited it with marked success in about twenty cases, and I may justly say that I have never used it without good results. With sulpho carbolate of soda, glycerine and dilute carbolic acid, whisky and milk, and warm inhalations, I have cured cases of diphtheria, which, judging from their severity, would have proved certainly fatal under the old plan of treatment. I think it a remedy which deserves investigation.

P. S. Greenamyer, M. D.

Smithville, Ohio, Dec. 12th, 1876.

—Forty lady medical students in all are, it is stated, pursuing their studies in the schools of the Faculty, and in the hospitals of Paris, of whom fourteen are English. Of the rest the majority are Russian, and the remaining number are American, German and French ladies.

—Says an exchange:—A bad cold makes all men equal. Yes that's so, says another. There's no aristocracy when we come to the coughin.

News and Miscellany.

Northampton Co. (Pa.) Medical Society.

The December meeting of the Northampton County, Pennsylvania, Medical Society was held at Easton, December 20th, 1876, Dr. S. Sandt, President, in the Chair. From the Committee on Medical Intelligence reports were given on Anatomy and Physiology, Obstetrics, Practice, Otology, and Mental Disease: each report presented some of the opinions of present writers on the respective branches, and elicited quite a lively discussion.

A paper was read by Dr. McIntire, on "Relative Strabismus," and verbal reports given by various members of the Society, of cases of interest happening in their practice, among which was a case of opium poisoning in a child about twelve days old, ending in recovery, fortunately.

An invitation was received and accepted, to visit the Lehigh County Society at its next meeting, several gentlemen of that Society being present at our meeting. X.

Wagner Institute.

We are sorry to hear of the late injury to Professor Wagner, of the Wagner Institute. During the icy weather he fell and badly sprained a wrist.

The well known and highly appreciated institution founded by this gentleman is now closed for the customary vacation between the autumn and winter courses of lectures. During the autumn it was well attended by ladies and gentlemen from every section of the city, also by medical students from the woman's as well as from the male colleges. Two of the lecturers are from our profession: Dr. Deal, on chemistry; Dr. C. C. Vanderbeck, on the anatomy and physiology of the nervous system.

Medical Associations in Sweden.

There are five distinct medical organizations in Sweden, which are in active and prosperous condition. The most important of these is the Medical Society of Stockholm, which meets once a week, and has a large and influential membership, among which may be counted the faculty of the Carolina Medico Chirurgical Institute. Professor E. Odmansson is the President.

Malignancy of Diphtheria.

A sad illustration of the destructiveness of diphtheria is reported by a Paris correspondent. A whole family, consisting of father and mother and two children, were attacked with the disease, and carried off in a short time. Dr. Regnault, who attended them, became infected, and, in spite of the care of one of his medical colleagues, Dr. Biset, died also in twenty-four hours. Dr. Biset was then attacked, and expired after a very brief illness. The extraordinarily fatal nature of diphtheria at times was never more terribly exemplified.

The Rhode Island Medical Society.

A quarterly meeting of the Rhode Island Medical Society was held last month, in Providence. The Secretary, Dr. W. E. Anthony, read a paper on the subject of "Diphtheria," giving statistics in regard to the present epidemic of the disease in that city, and his observation and treatment, based upon the analysis of eighteen cases occurring in his practice.

Physicians from Woonsocket, Lonsdale, South Kingstown and Portsmouth, reported that the disease was not present epidemically in their respective towns.

Dr. Snow read a newspaper report of an epidemic of diphtheria, now prevailing in New York City.

Dr. C. H. Fisher reported a case occurring in a child eight weeks old.

Dr. Garvin, of Lonsdale, spoke of the cause of various epidemics in the north part of the State. He noticed that they seemed to follow the course of the Blackstone river.

Dr. Morton reported two cases of diphtheria followed by paralysis.

Dr. L. S. Hill reported a case of Peritonitis, where a post-mortem examination revealed an extensive ulceration of the appendix vermiformis, which was dependent upon a concretion which was found there, and which was thought to be a lemon seed.

Personal.

—Dr. Liedenwald, of New York, committed suicide in Baltimore, on December 23d, by stabbing himself with a surgeon's knife.

—Karl Ernst von Baer, the distinguished naturalist, died on the 28th of November, in the eighty-fifth year of his age, at Dorpat, Russia. He enjoyed a high reputation among the savans of Europe.

—Professor Valentin, of Berne, the discoverer of ganglion cells and ciliated epithelium, celebrated the fortieth anniversary of his academical career on November 6th, and was presented by the medical faculty with a congratulatory address and a bronze statue of himself.

—The Academy of Sciences and the Chemists of Paris celebrated, on the 15th of November, the fiftieth anniversary of the nomination of M. Chevreul as member of the Academy, in compliment to him. M. Chevreul ended his ninetieth year of age in the last week of August, and bears his age with a wonderful degree of mirthfulness.

—A physician of five years' experience wishes to obtain a situation with an older physician in Philadelphia who desires to retire from active practice. Not afraid of hard work. Address Doctor, care Medical and Surgical Reporter.

Items.

—A visitor at asylums relates an incident almost unparalleled in its incomprehensibility. He went to a private lunatic asylum which he had previously visited, and seeing there a distinguished looking man sitting moodily alone, went up and said to him, "How do you do? I think I have seen you before. May I ask your name?" "My name," returned the man fiercely. "I am Alexander the Great! "Why," said the visitor, who suddenly remembered having already had a discussion with the man, "the last time I was here you were St. Paul!" "Yes, of course," the man rejoined quickly, "but that was by the first wife."

—Diphtheria in New York city now prevails to an alarming extent, the number of deaths from it during the first two weeks of December being given at 89, and for the third week about 80. The percentage of deaths is 12 in 100.

Hitherto Philadelphia, although not entirely exempt from its presence, has suffered severely, and the hope is indulged that it may continue free from the presence of this dreaded disease.

—Ten doctors sent in their bids to be county physician of Camden Co., N. J. The cheapest Doctor was $375.00 per year; the one who appraised himself highest estimated his services at $500.00 per year. The joke was that the one appointed did not bid at all.

—The New York papers still dwell with great earnestness upon the brutality of the treatment of insane persons in the Bloomingdale Asylum, and if reports be correct in regard to that institution, there is room for comment..

—A student has commenced suit against the Louisville Medical College, claiming that its representations are fraudulent and its charter forfeited. The suit is attracting considerable attention in medical circles.

—The ashes of De Palm weighed 5¼ pounds, and the cost of incineration was $40.

QUERIES AND REPLIES.

Chronic Diarrhœa.

The following additional replies have been received:—

"In Dr. L. D. B.'s case of chronic diarrhœa, I would suggest the use of the following:—

R. Mucilag. acaciæ,		half an ounce
Bals. copab.,		two drachms
Tr. opii,		one drachm
Spts. nit. dulcis,		three drachms
Aquæ,	q. s ft.	three ounces. M.

Sig.—A teaspoonful as often as the bowels are moved.

WM. B. BIGLER, M. D.

"I would suggest to Dr. L. D. B. the following formula, to be used in the case of the old soldier:—

R. Pulv. capsici,		gr. xv
Pulv. leptandrin,		
Pulv. podophylli,		aa scruples iss.

Divide into thirty pills. Two to be taken three or four times a day for two days, then decrease to one once daily."

S. N. MYERS, M. D.

Rheumatic Arthritis.

Dr. L. L. P., of Maryland, would like suggestions in the treatment of this obstinate and painful affection.

Charta, Ind.—"Have the influences of magnetism (not electro magnetism) been used in therapeutics, and where can any work on the subject be found?"

Ans.—No positive results have ever been attained by the use of magnets in disease. Dr. Carpenter, the physiologist, has, we believe, written something on the subject.

MARRIAGES.

ALLEN—ASHLEY.—In Philadelphia, Oct. 10th, 1876, by Rev. Adam Wallace, George W. Allen, M. D., late of this city, and Miss Anna E. Ashley, of Port Republic, Atlantic Co., N. J.

BROOKS—PRESTON.—In Baltimore, Dec 5th, by Rev. R. G. Johnson, Nathaniel G Brooks, M. D., of Charlestown, N. H., and Emma A. Preston, of Baltimore, Md.

DANCY—NELMS.—At the residence of the bride's mother, by the Rev. J. T. Picket, Dr. F. W. Dancy and Mrs. Kate Nelms, all of Holly Springs, Mississippi.

DECKARD—WILLS—Thursday evening, Dec. 14th, at the residence of the bride's parents, No. 19 Elizabeth street, by the Rev. P. B. Morgan, of St. John's P. E. Church, Dr. J. W Deckard, of Richfield, Pa., and Miss. Emma V. Wills, of Cincinnati.

ELLIS—EASLER.—On the 4th ultimo, by the Rev. H. C. Westwood, D. D., Mell Brantley Ellis, M. D., of Osyka, Mississippi (formerly of South Carolina), and Lily Forsyth, daughter of the late John Easler, of Philadelphia.

GARSIDE—RAPELYE.—In St. James' Church, Newtown, Long Island, on the 14th ult., by Rev. Samuel Cox, D. D., Wm. B. Garside, M. D., of Brooklyn, N. Y., and Miss. E. Josephine Rapelye, of Newtown.

GROSS—REVERE.—On Dec. 28th, Dr S. W. Gross, of Philadelphia, and Miss Grace Revere of Boston.

LEFFMANN—FRANK.—On the 29th of November, by his Honor Wm. S. Stokley, Mayor of Philadelphia, Henry Leffman, M. D., and Fannie, daughter of Henry Frank, Esq., all of this city.

SARGENT-CALDWELL.—November 7th, at Newburyport, Mass., by the Rev. W. M. Baker, of Boston, Winthrop Sargent, M. D., of Philadelphia, and Anna C., daughter of the late W. W. Caldwell.

STEVENS—ROBINSON.—At Syracuse, N. Y., on Wednesday, November 29th, at the residence of the bride's parents, by the Rev. S. Weeks, of Cincinnati, Carrie I. Stevens, daughter of Dr. E. B. Stevens, and Mr. Clint C. Robinson, of Evansville, Ind.

DEATHS.

CLOUD.—On the 7th ult., at his residence, West-Hill, near Burlington, N. J., Dr. Charles R. Cloud, in the thirty-third year of his age.

DEYO.—At Newburg, N. Y., December 16th, 1876, Cornelia B., wife of Nathaniel Deyo, M. D.

ECKERT.—On the 26th ult., Charles M. Eckert, son of the late Dr. George N. Eckert, aged nineteen years.

JOHNSON.—On the 19th ult., at Washington, D. C., Dr. W. P. Johnson, aged sixty-five.

MALIN.—On the 27th ult., Mrs. Mary C. Malin, wife of Dr. John Malin, in the 27th year of her age.

PANCOAST.—In this city, on the 16th ult, Susan G., wife of S. Pancoast, M. D., aged 41 years.

SCHMOELE.—On the 27th ult., Henry Schmoele, M. D., of Philadelphia, of heart disease.

SCHOALES.—On the 26th ult., Dr. Marcus Schoales, of this city.

TALMAGE.—In this city, on December 13th, Edwin S. Talmage, M. D.

THE

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Original Department.

Lecture.

PARALYSIS AND INCOÖRDINATION FROM CONGENITAL PHIMOSIS—CASES SIMULATING HIP DISEASE—AN EXSECTION—A TILT WITH THE CRITICS AT HOME AND ABROAD.

A CLINICAL LECTURE.

BY PROFESSOR LEWIS A. SAYRE,
At Bellevue Hospital, Dec. 13th, 1876.

REPORTED BY NELSON W. CADY, *Student.*

Congenital Phimosis.

Case 1.—P. B., aged four, male. This first case is a little child sent to me by Dr. Hoffman, from Mamaroneck, Westchester county; he is four years old. He has never stood or talked, and has swallowed with great difficulty. His face is idiotic in expression; there are constant convulsive movements of both upper and lower extremities; the limbs are crossed, and the feet rigidly extended; and this has been his condition since birth. The doctor wrote me a note, stating that after reading the report of my lecture in the Philadelphia Medical and Surgical Reporter, of October 14th, 1876, describing some cases of paralysis and incoördination of the muscles from congenital phimosis, it brought to his mind this child, whom he had attended since birth, but having considered it a hopeless idiot, had abandoned it; that after reading the lecture he went and examined this case, and thought it answered the description of the cases described, and therefore sent it down to me for confirmation. You thus see, gentlemen, the advantage of medical gentlemen reading medical journals, by which means they keep themselves abreast of the wave of improvement. When I graduated I asked the advice of one of the distinguished surgeons of the New York Hospital, as to what medical journal I should subscribe for, as I wished to keep myself up with the improvements of the profession, and he advised me to take none; my text books were all that I required, and my own individual experience and practice would give me all the new information that was requisite. Fortunately, gentlemen, I did not follow that advice, and you see here a practical illustration of the advantage of reading medical journals; for in that way Dr. Hoffman has been enabled to understand a case which before he had considered as incurable.

You see this little boy; he is very stout and well-built, but unable to stand, even when we hold him. His legs are crossed, and he stands upon his toes; the instant support is removed from him he falls on his side, his left leg crossed tightly over his right. His limbs are rigid, and his mother states that this is his habitual position. It is impossible to abduct his limbs or flex his feet. The tendones-Achillis are as rigid as in the very worst cases of talipes equinus; but you will observe that they yield no reflex spasm upon point pressure after tension. Rolling him on his back, you will observe this penis, enormous in size for the age of the child, and erect as a stick. The glans is covered completely by this prepuce; and watch—the instant that I touch the orifice, the convulsive movement, and the instantaneous slapping of his face with his left hand. We repeat this

experiment, and you see the convulsive movement of his hand, striking his face simultaneously with my touch upon the end of the penis. I have tried this experiment several times at the office, to day, and obtained the same result every time.

I here show you a photograph attempted to be taken of the child, but it was so difficult to keep him still a sufficient length of time to take a natural picture, that no picture will represent accurately the patient as you see him before you.

[The Professor then circumcised the child, cutting off a circular piece of integument, and found the internal mucous membrane totally adherent to the prepuce, which was dissected up and turned back from its attachment to nearly the entire glans. Behind the corona was a round, hardened smegma, producing an erosion of the mucous membrane. The parts were dressed with styptic cotton and rags wet in cold water. Before the lecture was over the boy called for his mother, and put out his hand, naturally, to take her by the hand; the first time, she states, he had ever done so in his life.]

Psoitis.

I wish, now, to show you some very interesting cases which simulate hip-joint disease, inasmuch as several such cases are here, and the subject is far too important to be overlooked. I regret very much that I was unable to give you my lecture on the diagnosis of diseased hip-joint, last Saturday, as you would have been enabled to understand it better; and, therefore, these cases will hardly be appreciated by you as they should be. They are all cases which have been sent to me as cases of diseased hip-joint, and yet not one of them has that disease. Here is the first case, this little boy.

Case 2.—F. C., aged six years. Here is a little boy sent to me yesterday for disease of the hip joint. You know I told you always to strip them naked and stand them on the table with the back toward you.

The first thing you will observe in the earlier stages of the disease of the hip will be that they stand with their entire weight on one limb; the gluteo-femoral crease will be obliterated, or at least lower down on the diseased side than on the other; the leg will be bent at the hip and knee, so as to have no weight upon it. These are the evidences you will see by your eye when you look for the first stage of hip disease That little fellow shows it very plainly. Do not be deceived by that. You have got to have further evidence before making a diagnosis. So far the symptoms and signs are such as may be due to some other cause besides hip disease. I have no doubt but that some person, having heard me mention this sign as a very particular mark of the early stage of hip disease, has taken this case as one of the same character.

Now it requires another examination to ascertain whether it is hip disease. Lay the patient on his back, on a hard table, and flex the thighs until the entire spine touches the table; then twist his pelvis one way and the other, till you get a line from the centre of the pubes to the sternum, crossed at a right angle by a line drawn from one anterior spinous process of the ilium to the other. Then the trunk and pelvis are in normal relation to each other; and if there is nothing wrong about the hip joint, the limbs can be brought down so as to have the popliteal space of each leg touch the table without tilting the pelvis. If there is anything wrong about the joint, the popliteal space of the affected limb will not touch, and the attempt to make it do so will cause the pelvis to tip up, by the contraction of the psoas magnus and iliacus internus muscles. I bring the leg down; as you see, it touches along its whole length; but when I attempt to bring the other limb down you see it requires some force, and as I do so, his ilium is carried upward. Reflex action of the muscles caused by the disease within the joint will produce exactly the same symptoms, therefore he has so far the symptoms of hip disease. He has the limb apparently elongated, the bending of the thigh, and the flexion of the thigh upon the body with inability to extend it. These, so far, all point to hip disease.

But they may individually depend on some other cause. If it be hip disease, you will find, before the disease has advanced to this stage, atrophy of the limb. This boy's limb, instead of being atrophied, is larger. That goes against hip disease. Let us find out whether it be hip disease truly, or not. If it be disease of the hip-joint the adductor muscles would be rigid. Here they are soft, and I can adduct and abduct his limb. If I limit my examinations to the hip joint *alone*, I find that the limb moves freely, and I can invert his toe. Were there disease in that hip, with effusion

such a movement would all but murder him. If there were effusion in the joint, with this amount of distortion, no power on earth could invert that toe without rupturing the capsule and allowing the effusion to escape. I shall call your attention more particularly to this point in another lecture. To-day, however, we will confine our attention to the particular case before us. If there were disease in the joint, I should cause him pain when I crowd the joint together, but you see it gives him no pain; and if I extended it, I should give him relief if the disease was within the joint, but it causes him pain. I crowd my thumb down in the iliac fossa on the well side, and find nothing out of the way, neither do I cause him pain. On the opposite side, when I undertake to crowd my thumb down into the iliac fossa, I am resisted by a swelling, and the touch produces a spasm. This case is one of psoitis, which has no more to do with his hip joint than it has with mine. That boy's hip, gentlemen, so far as the joint is concerned, is perfectly normal; the deformity and distortion are altogether owing to muscular contraction from an inflamed muscle, and not from a reflex contraction of the muscle due to the disease of the joint proper. The only thing that remains to do for the little fellow, is to give his limb rest in a flexed position, to approach the origin and insertion of the muscle, and to apply some iodine ointment with a fomentation to the part.

Exsection of Hip.

Case 4.—Here is a little child that has come from California, having had hip disease for two years. He was brought to me a few weeks ago with an enormous abscess, great distortion, and suffering intense agony. This long extension splint was applied, which gave him perfect relief, and there were hopes of his recovery without the necessity of a surgical operation, but the discharge is so copious, and the child is running down to such an extent that it becomes necessary to remove the dead bone. We shall therefore proceed to make the exsection.

[The operation was performed in the usual manner; the incision extending in a backward curve from a point midway between the anterior superior spine of the ilium and the trochanter major, over the trochanter major. The periosteum was divided down to the bone, and thrown back, with an elevator, from all the diseased surfaces, and the diseased bone removed from just above the trochanter minor. The head of the femur had been absorbed, and there existed an opening into the acetabulum.

The child was afterward placed in a wire cuirass, and secured by roller bandages, beyond any danger of accident. The wound was then filled with Peruvian balsam and oakum, and the child was sent to its home on Madison street.]

I have been censured in my plan of treatment by some Englishman, by the name of Hugh Owens Thomas, of Liverpool, in a book called "Hip, Knee, and Ankle." He condemns the whole American plan of treatment, which consists essentially in extension and counter-extension.

Now, Mr. Thomas, of Liverpool, publishes this book in 1876, and puts in the statement that since my visit to England, four years ago, he has seen several instances in which my apparatus was skillfully applied, and that, from personal experience, he is satisfied that in not one of these cases was the disease arrested or even benefited. And he further adds: "The best commentary upon this method is the remarkable frequency with which its principal advocate has had to perform excision of the joint."

Even when I was in England, my method was not understood, as may be seen by a letter of mine which appeared in the London *Lancet*, in 1871, after some distinguished English physicians had used my splint for a number of years, in a reversed position, without success. Mr. Hugh Owens Thomas does not seem to have read that letter, or he would have discovered why he, in his personal experience, had not been successful. It is simply because he has not learned to apply the instrument.

You have seen before you so many hundreds of cases where relief has followed the application of the proper extension—and where they have recovered the perfect use of their joints without deformity, and where relief was obtained when the disease was treated in the first stage, and some even in the second stage, as in the case of the boy whose hip was aspirated four times—not to know that this statement of Mr. Thomas cannot be true. The boy to whom I refer has, as you have seen, recovered with perfect motion and no deformity.

In reply, therefore, to that portion of Mr. Thomas' statements, in which he says, "The

best commentary upon this method is the remarkable frequency with which its principal advocate has had to perform excision of the joint," I would state, that in all the cases in which I have performed the operation, they have come to me for my advice in the third stage of the disease, most of them being in *articulo mortis* at the time they were placed under my charge, many of them having been given up as hopelessly incurable, and where, therefore, consent was given to have the operation performed, because death was inevitable without it; and that in none of these cases had the proper treatment been applied. And I will add further, that out of the hundreds—I might almost say thousands, certainly hundreds—of cases where that treatment has been efficiently applied in the first and second stages of the disease, or before caries of the bone has occurred, in not one case has exsection of the bone ever been required.

Mr. Lister, the English surgeon, whom you have seen, has written a letter to Mr. Reynders, of this city, requesting him to have made a series of models of the most approved instruments, for use in Edinburgh. Here are the instruments which Mr. Reynders has sent to me to look over. I look upon this as a compliment to American mechanical ingenuity, or at least, to Mr. Reynders.

Mr. Lister has adopted completely, fully, and entirely, without any alteration, this method of treatment, and has even gone so far as to send to my instrument maker, in order to have the instruments so perfectly made that they can be relied upon.

So much, therefore, for the censure passed on the American plan of treatment. An Englishman who has never seen me apply the proper treatment to one of these cases may possibly be excused; he may misunderstand my plan of treatment; for there are men, even in this very city, who cannot comprehend or will not understand my explanation of its pathology. It has even been stated, publicly, that I teach the doctrine that constitutional strumous disease is a protection against hip-disease, Pott's disease, or any other chronic inflammation of the joints. Now, gentlemen, you know perfectly well, that any man who will make so absurd a statement as that, is totally ignorant of what I do teach, or else willfully malicious, and intent on disseminating false statements.

[Prof. Sayre here read his correspondence with Dr. Ashhurst, of Philadelphia, as it appeared in the MEDICAL AND SURGICAL REPORTER for May 13th and 20th, 1876.]

He concluded:—You see, gentlemen, how difficult it is for the truth to be presented properly. I trust that you will pardon me for making this explanation of my peculiar views.

COMMUNICATIONS.

A CONTAGIUM VIVUM AS THE PROPAGATING PRINCIPLE OF INFECTIOUS EPIDEMICS.

BY PROFESSOR J. R. BLACK, M. D.,
Of Newark, Ohio.

The old doctrine of Sydenham, that epidemic diseases were produced by an epidemic constitution of the atmosphere, is very much like that maintained by many modern agriculturists of to-day, that the propagation of the potato fungus depends upon certain atmospheric conditions, about the nature of which few of them agree. Both have the elements of plausibility and incertitude—difficult to prove and difficult to refute. Happily it appears as if the dawn of a more exact knowledge in reference to epidemics is already upon us, which it is hoped will, in time, end some of our ignorant groping, and enable us to take a more rational view of certain morbid phenomena, as well as to prevent what we are too often powerless to cure.

The evidence upon which the theory is based that infectious epidemics are propagated through a contagium vivum are:—

1. *That the infecting principle is capable of indefinite multiplication.* This is a property common only to all kinds of life, and is, moreover, displayed in a higher degree by the lower than the higher forms. An atom of oxygen, of salicin, or of any inorganic substance, has no intrinsic power of multiplying itself a single nor a hundred fold. Only matter endowed with life has the property of transforming other substances into certain uniform forms, types and compounds, beside those of indefinite increase and continuity.

The hypothesis that epidemic diseases depend upon living contagia, harmonizes with all the conditions appertaining to the propagation of vitality in the higher orders of organic life.

Not all the germs or spores fall upon an appropriate soil; each are largely dependent upon appropriate conditions for rapid germination, growth, and multiplication. As the forms of vegetative life thrive with peculiar luxuriance in soils abounding in organic remains, so do the germs or spores of infections manifest unusual activity and power of multiplication among the inhabitants of the filthy purlieus of a city.

2. *The mode by which the various infections extend, fully supports the doctrine that they depend upon a living principle, not a dead miasm, or a peculiar atmospheric condition.* The germs or spores of some forms of vegetation, and low forms of animal life, are so light and volatile, that they may be transported for miles by atmospheric currents. While other seeds, such as the nut, are so heavy that their transportation to a distance never occurs, except by more uncommon artificial means. Now, the germs of cholera and small-pox appear to belong to the heavier order of infections. There is not a single well authenticated instance where the germs of these diseases have been transported to a distance by atmospheric means—they always follow the usual routes of travel—spanning distances slowly or quickly, according to the rapidity or slowness of personal intercommunication. They may be transported as fomites for hundreds of miles, and such a limited amount of infection may then increase and multiply, in a densely populated region, *ad infinitum*. Others, like diphtheria, scarlet and typhoid fevers, appear to be of a more volatile nature.

That the media of diffusion, the diffusibility and the period of latency or incubation for the various kinds of vitalized contagia should differ one from the other, is wholly in keeping with the fact that all normal forms of life are subject to the same variable conditions. Indeed, had the fact been otherwise, in the instance of the supposed vitalized contagia which prey upon our bodies, it would, at least, have furnished presumptive evidence that they lacked some of the most striking characteristics pertaining to the organic world.

3. *Another evidence that the various contagia possess life, consists in the fact that they always reproduce and multiply strictly after their kind.* The action of cold may produce rheumatism, or pleurisy, or a simple catarrh, but the action of the scarlatina infection never produces measles, nor that of small-pox the diphtheritic fever.

4. *The morbid phenomena produced by the action of a contagium vivum is self-limited.* This striking peculiarity is perfectly explicable, on the theory that some kind of bacteria or micrococci are preying upon the life and organization of the body. The torula and mycoderms, which are the ferments of fermentation, and the vibrios of putrefaction, all produce their specific changes, *cæteris paribus*, within a definite time, after which they die and their influence wholly ceases. It is quite easy to understand that the same peculiarity appertains to the action of bacteria and micrococci upon the human body; each according to its kind in time and peculiarity of effects but with this difference—one mainly of degree—they are sometimes too numerous or potent for the life of the body; in other instances the *vis vitæ* survives all their predatory influences.

To close this summary presentation of the doctrine of a contagium vivum as the essential cause of infectious epidemics, without calling attention to the remarkable researches of Dr. Burdon-Sanderson, Davaine, and especially Koch, on splenic fever, would be an unpardonable omission. This infectious fever, which has proved exceedingly destructive to animal and human life, especially in Russia, was investigated microscopically by Burdon-Sanderson, who ascertained that there were two kinds of contagia, one fugitive, by which he could temporarily propagate the fever, the other latent, but permanent and invisible. Koch supplemented these investigations by experimenting with the rod like contagium observed by Burdon Sanderson. He placed the tiniest speck of these rods within the aqueous humor, and carefully watched the results. They speedily changed their form, and after a time he observed little dots appearing, which rapidly spread until the length of the organism was studded by them; after which the organism fell to pieces and its place was taken up by long rows of seeds or spores. This experiment of Koch's was repeated and verified by Cohn. Koch inoculated healthy animals with the blood of those having splenic fever, and they invariably died of the disease within thirty hours after inoculation. He then sought to know how the contagium maintained its vitality. Dried blood having the rod-like bodies, always observed in splenic fever, possessed only a fugitive infecting power, but the fully developed spores or dust which he cultivated in the aqueous humor—

though wetted, and dried again and again, permitted to remain in the midst of putrefying matter, and kept as long as four years—yet retained all its original activity in the production of this peculiar fever when injected into the body of a healthy animal.

Here we have the proof, experimentally demonstrated, of a contagium vivum as the essential cause of an infectious epidemic, and more than all, how the dust or spores of this contagion, in which the atmosphere may abound, has been produced and put in a shape for indefinite perpetuation.

The practical importance of these deductions can scarcely be overrated. They will do much to clear up the indications of treatment, and to furnish the sanitarian with an intelligent appreciation of the nature and habits of some of the worst enemies to health and life which he wishes to subdue. We have only to study more carefully the circumstances and peculiar conditions which favor the increase and spread of the various contagious spores, in order to hamper their production, restrict their diffusion, and timeously apply the agents best fitted to accomplish their destruction. In short, when we know all the habits of those predatory kinds of life, our ability to control and exterminate them may be fairly said to be within our grasp.

The effect of a general recognizance of this doctrine, if true (the evidence in its favor appearing overwhelming), cannot be other than salutary. The physician will be led to abandon, more than ever, all mischievous interference with diseases which, as a rule, must run a definite course; especially avoiding any attempt at their abridgment, well knowing that he would be much more likely to abridge the life of the body than that of the contagium which has its temporary habitat therein. He would be strongly inclined, in all his endeavors, simply to see that the life of the body had a fair chance in its struggle with its enemy. *First*, By gently clearing away all accumulations of effete matter upon which low organisms revel, but which cumber the free play and sanitary action of the force he wishes to preserve. *Second*, By placing the body under the most favorable hygienic conditions, and *Third*, By supporting the waning strength by all the adjuvants which enlarged and cultured experience has shown to be most successful for such a purpose.

SULPHO-CARBOLATE OF SODIUM IN DIPHTHERIA.

BY W. E. ANTHONY, M. D.,

Of Providence, R. I.

The object of this paper is not to give the clinical history of diphtheria, but to call attention to a remedy which, in the hands of those who have had experience in its use, has proved of great benefit in the treatment of this disease. I refer to the sulpho-carbolate of sodium. My attention was first called to it by a paper, read before the Rhode Island Medical Society, by Dr. C. H. Fisher, in 1875, in which he detailed his experience in its use and the formula for its preparation. I have notes of eighteen cases of true diphtheria, occurring within the past three months, in which I have used the remedy with satisfactory results in all but one case. The fatal case occurred December 11th, and was a delicate child three years of age, the disease proving rapidly fatal in thirty-six hours from the time of invasion. While I do not consider the sulpho-carbolate a specific in this disease, I do think that its judicious and persistent use will in many cases be followed by an amelioration of its symptoms.

Just what its mode of action is I am not fully prepared to say. It is possible that it acts as an antidote and eliminative to the peculiar blood poison which is the cause of the disease. It is a stable salt, parting with its acid only when brought in contact with the fluids of the body. In one case, where a large quantity had been used for several days, the odor of carbolic acid was plainly perceptible in the urine. The remedy may be used in every form and stage of the disease, in doses of from one to ten grains, repeated every one, two, three, or four hours, according to the necessities of the case. The proportion of acid in the salt is about one-fourth, which will determine the dose.

I have given as high as one hundred and twenty grains in twenty four hours, to a child seven years old. It may be combined with quinia sulph., tinct. ferri mur., carb. ammonia, or given in brandy, whisky, wine, syrup, or any aromatic water.

A very good way to dispense it to children is to mix it with sugar and let them eat it. For adults I sometimes use the "cachet de pain." My rule is to begin the administration of the remedy as soon as the disease is recognized, and to continue it in increasing doses until its

effects upon the disease is manifest, then gradually to diminish the dose and increase the intervals between the doses.

In addition to the use of the sulpho carbolate, I always use tonics and stimulants freely, and nourishment in a concentrated form, such as beef extract, cream, etc.

The local treatment is directed to the removal of the false membrane and the subduction of the local inflammation. This result is obtained, first, by hastening the natural process of exfoliation; second, by the use of such remedies as will destroy the micrococci and dissolve the pseudo membrane.

The exfoliation of the membrane is caused by a process of suppuration which commences beneath the deposit on the surface of the mucous membrane, and whatever will hasten that process is indicated; and here let me protest against the use of cold applications, either by means of cold lotions, or by ice applied externally or given internally. Suppuration is greatly retarded, if not wholly prevented thereby, and as it is hastened by the use of heat and moisture, such means should be used as will produce it. This is most effectively applied by means of a steam atomizer, or, when that cannot be procured, by the inhalation of steam from a coffee pot partly filled with hot water, and inhaled through the spout, or conducted by means of a rubber tube to the mouth of the patient. The inhalations should be given as often as once or twice an hour, and continued from ten to fifteen minutes at a time.

While we endeavor to hasten the natural process of suppuration, we may combine with our inhalation such remedies as will act chemically upon the membrane and dissolve it, or hasten its disintegration and destroy the micrococci. Experiment has shown that a piece of membrane weighing five grains, immersed in four drachms of aqua calcis, was completely dissolved in thirty minutes, while in various other solutions it retains its continuity. Lime water, therefore, as an inhalant, is to be preferred to anything else. The micrococci are not so easily destroyed. Placed in test tubes, in solutions of chlorate potassium, of sulphate of quinia, or of alum, they not only retain their mobility, but increase in numbers. They retain their action when heated to the boiling point, or when frozen and then thawed.

Immersed in mixtures of alcohol one part, water three parts, of permanganate of potassium two grains to the ounce, of carbolic acid three grains to the ounce, they lose their vitality and power of multiplying. These solutions, when used medicinally, must be as gargles or washes to the throat. They can seldom be used as inhalants, on account of the irritation to the lungs, caused by such concentrated solutions. In the case of small children they are best applied by means of a syringe. Emetics are sometimes useful for their mechanical effects in the removal of the membrane.

The detachment of the membrane forcibly, by means of the forceps, is not advisable, except in exceptional cases, where there is danger of suffocation from the large amount of membrane deposited.

Finally, strict attention should be paid to the hygienic condition of the surroundings of the patient. It is better that the patient be removed to another room every day, while his apartment is thoroughly aired and disinfected. This can easily be done with children, who form by far the greater proportion of cases. This is important as a means of prophylaxis, the disease being contagious in proportion to the severity of the case from whence it comes, and the neglect to renew the air of the sick room, which soon becomes impregnated with the emanations from the breath of the patient. The dejections should be removed as soon as voided, and no more personal contact had with the patient than is actually necessary.

But in spite of all treatment deaths will occur. Death may be by asphyxia, caused by the large amount of membranous deposit. By apnœa, when the lungs are involved. By coma, from uræmic poisoning, and in the adult there is a peculiar mode of dying that sometimes occurs. The patient will seem to be improving, when, without apparent cause, he will suddenly sink away so quickly and easily, that the attendants may suppose that he has only gone to sleep.

The Employment of Picric Acid in the Treatment of Wounds.

M. Eugène Curie recommended picric acid in a watery solution, with which the dressings are saturated, or, better still, picrated wadding, that is to say, pieces of dry wadding in which picric acid has been incorporated; the last method is generally the most convenient in application. This method, according to the author, affords the advantage of completely suppressing suppuration.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROFESSOR J. M. DA COSTA, DECEMBER 16TH, 1876.

REPORTED BY FRANK WOODBURY, M. D.

Hematemesis Followed by Hemoptysis—Diagnosis and Treatment of Acute Pulmonary Hemorrhage.

GENTLEMEN:—The case before you presents peculiar points of interest, not only in view of the treatment, but also in the matter of diagnosis. He is twenty-five years of age, a native of Chili, and by occupation a sailor. About a month before admission, while furling sail in a storm, he received a violent blow in the small of the back and epigastrium, by being caught in the rigging, while a spar swung around and struck him. He had been up to this time in good health, but during the next few days his stomach became very irritable, he vomited constantly; and although he was hungry and felt inclined to eat, he could keep nothing down. Finally, on the fifth day after the accident, he vomited blood to a considerable amount, and continued to do so for several days. Although his stomach grew stronger, he has not been well since. This is his history, to which it is but fair to add that from that time he has been troubled with a cough, attended with free but not fetid muco-purulent expectoration. He states that he never spat blood before, and, as far as he knows, no other member of his family ever suffered in this way. Upon admission some tenderness was elicited upon deep pressure in the epigastric region. Neither the liver nor spleen were enlarged; the urine was found to be normal.

Yesterday morning, after he had been in the ward two weeks, he was wakened by his cough, and found that he was spitting blood freely; the blood was red and fluid. Every time he coughs, since then, he spits some blood and blood-streaked mucus.

Now we have here a case who is said to have a pulmonary hemorrhage, the evidence of which is before you as he coughs. Patients generally are so frightened and confused when they think they have been spitting blood, that they cannot afterward give a clear account of the color of the expectoration, and of other points requiring careful observation, which here are undeniable. From what you have just heard, however, about the previous vomiting followed by free discharge of blood, you would naturally imagine that then it came from the stomach. This I do not deny; but does it come from that source now? From the character, being red, fluid, and free from clots, and the fact of its coming up after slight coughing, I do not hesitate to say, that at present it comes from the lungs. The diagnosis is evident from the cough, even without aid from the physical signs. But on examining him further we find that he has no fever, his temperature is 98½°, his respirations are accelerated 30 in the minute, pulse 110, and easily compressible. I am always very careful in making a physical examination of a patient who is said to be spitting blood; percussion may increase the trouble, and under such circumstances it becomes cruel and unnecessary. Examining gently the front of the chest, we find some want of resonance in the lower part of the left side of the chest anteriorly, where, with the stethoscope, are heard fine, or technically speaking, sub-crepitant râles. In the right chest, auscultation reveals a harsh respiratory murmur anteriorly. It would be scarcely just to the patient to disturb him to listen to his chest posteriorly. There is no nausea nor vomiting now, and there is no disease of the heart, a very important point to establish in pulmonary hemorrhage.

I have no doubt as to the cause of the symptoms; the accelerated respiration, the physical signs, the blood itself, are all consistent with the idea of acute pulmonary hemorrhage. Having made this diagnosis, let us inquire, how does it reflect on the previous cause as indicated in the history, which, you will remember, was furnished by the patient himself, and is not reported from our own observation. Such statements are generally conflicting, and to some extent unreliable; but I am inclined to think that the blood on the first occasion really came from the stomach. Recall the injury. A man in good health receives a blow in the epigastrium and back, he vomits persistently for a few days, and then on the fifth day discharges a large quantity of blood by vomiting. The first effect of the accident, in pathological sequence, was congestion of the stomach, which finally relieved itself by rupture of some small vessel in the mucous coat; but at the same time the pulmonary tissue received an injury, perhaps a rupture of some small vessels, followed by effusion and local change, whose ultimate effects are only now evident.

In regard to treatment, he has been taking, since this hemorrhage began, tannic acid (gr. v) and opium (gr. ¼)—in small doses, it is true—without much effect. This shall now be stopped, in order to try ergot. This has very often an admirable effect in these hemorrhages, and it may be given in drachm doses of the fluid extract every third hour, in a case of this kind, until some effect is obtained.* I am also very fond of dry cupping in such cases, and if the patient were strong we might use a few wet cups with advantage; but here we will merely order the left chest thoroughly dry-cupped. In this kind of hemorrhage it is important to act gently on the bowels by salines, such as Rochelle salts (ʒij) in ginger syrup and water, given every two hours. If, after sufficient trial, I get no benefit from ergot, I will go back to astringents, but in larger doses than before, say twenty grains of gallic acid every half hour until some result is seen.

* On the 17th it was noted that the bleeding had stopped after four doses of ergot had been taken.

And lastly, whatever plan of treatment be adopted, the patient must be kept perfectly quiet, and not allowed to talk. He may have a small amount of ice water, or pieces of ice to suck, but should not be allowed to swallow much fluid. The diet should be light, and the food should be given cold.

In case the hemorrhage persists, we have one therapeutic expedient that we keep in reserve. I refer to the local application of cold. A bladder full of ice to the chest is eminently serviceable, in some cases, in check ing pulmonary hemorrhage; but, on account of its depressing influence upon the heart, it should be used carefully. I have seen serious results from its injudicious application; therefore, while it may be employed in cases when other remedies have failed, it should not be used indiscriminately.

Chronic Catarrhal Pneumonia, Complicated by Valvular Disease of the Heart—Respiratory Percussion.

The next patient is also a pulmonary case. He is a moulder, twenty-five years of age, and born in this city. There is no history of lung trouble in his family; indeed, he lost nearly all of his near relatives, including his parents and two brothers, of an epidemic fever. Previous to last April he was strong and well, and had never had any serious sickness. At this time he visited Atlantic City, and, as the water was very cold, he had a chill while bathing, and says that he caught a severe cold. He was obliged to come back to his home, troubled with a severe cough, and has greatly fallen off in flesh and strength. In June he noticed that his feet swelled, and they have been more or less swollen ever since. He has difficulty of breathing, which has prevented him from lying down at night for five or six weeks. He has noticed that he passes but a small quantity of urine, but never had hematuria.

This is briefly the history of the case; now let us inquire into his present condition. In the heart a murmur is heard, whose point of greatest intensity is not quite over the apex, but nearer to the sternum; it is not propagated to the right of the sternum and is not heard posteriorly. About the seat of the murmur there is some doubt, as it is not in the usual position, but it is probably mitral systolic. There is a cavity, determined by auscultation, existing at the upper part of the right lung, but the percussion note under the clavicle is dull, almost flat; full inspiration lowers the pitch but does not clear up the dullness. There is deficient resonance at the left apex, with prolonged expiration and a few moist râles. Posteriorly there is general dullness on the right side, with crackling and prolonged expiration; the dullness is rather lessened during held inspiration. The lower part of the left chest is resonant on percussion.

He still has orthopnœa; his feet are not as œdematous as when he came in, but during the last few days his scrotum has become much distended, giving a good clinical illustration of what is meant by dropsical swelling of the scrotum and penis.

The patient had primary syphilis several years ago, but has had no secondary symptoms. He has never had rheumatism, but states positively that he was perfectly well before this attack came on. He had no shortness of breath after exertion; he could run up and down stairs rapidly without bad effects, and in all respects was healthy.

In this case there are two points that merit discussion. First, as to the complication of cardiac and pulmonary disease—is this frequent? No, it is very rare. It is generally held that where there is chronic cardiac disease, it excludes such disease of the lungs as would lead to consumption. This dropsy of the ankles and scrotum are not due to the pulmonary trouble, but to the heart, and apart from the physical signs of cardiac disease as furnished by auscultation, this swelling of the parts would indicate heart disorder.

We find by the diffused and deficient impulse, and increase of area of cardiac percussion-dullness, that he has a dilated right heart. In addition to the previously demonstrated valvular disease, then, we find that there exists dilation with hypertrophy.

Since we have ascertained the co-existence of heart and lung trouble, it is important to inquire to what cause are each of them due, and what relation do they bear to each other. Now you see the motive for the close interrogation of the patient as to previous disorders. But the answers were negative; he confessed to primary syphilis but denied any constitutional symptoms. The reason for this questioning is evident. If the cardiac disease preceded the lung trouble, then many of the symptoms are explained. Had he syphilis enough to produce the heart disorder? It sometimes happens, where there is syphilitic degeneration of the valves, that they will yield under unusual strain, and this is the only element of doubt in the patient's history. And if I were looking at this case as without any other efficient cause for the disorder, I should regard this view as a very probable one. But he appears to have had no cardiac symptoms previous to the bath. I am therefore forced to the conclusion, that at the time he contracted his acute pulmonary trouble he also acquired an endocarditis, which perhaps was latent, but, nevertheless, steadily proceeded to alteration of the valves, from want of proper treatment. Another possibility is that the heart disease was mechanical in its origin, and secondary to the lung trouble; although this is a very probable view, we can only mention it in passing, as we have not time to discuss it as it deserves.

The patient now undoubtedly has phthisis, but what kind? I could not show you a better illustration of what is termed pneumonic phthisis, or catarrhal pneumonia ending in consumption, than the case before you. The patient was strong and healthy; after exposure

he had catarrhal inflammation of the right lung; this was neglected, and instead of recovery we find masses of deposit taking place in the other lung, resembling cheesy tubercle, all resulting from what was, to him, that fatal bath.

You see how oppressed he is in his breathing, from the consolidation of the right lung, and the heart trouble; now what treatment will relieve him? Since his admission he has been taking tincture of the chloride of iron, with acetic acid and liquor ammoniæ acetatis, some quinine and an occasional dose of cough mixture. He has taken no cod-liver oil, as he cannot digest it. He shall continue the iron mixture, but in the place of the quinia I will order one drachm of digitalis, three or four times daily. The chest shall be frequently dry-cupped. He shall have a nourishing diet, with milk, beef-tea and a small amount of stimulant, preferably in the shape of malt liquors.

[The patient died Dec. 30th. The result of the post-mortem examination will appear in the clinical report for Jan. 6th, 1877.—F. W.]

Vomiting and Constipation Caused by Hernia—Treatment of Chronic Constipation.

The next case is interesting in view of the commonness of the complaint. Not to go too deeply into the history, we find here a man whose bowels were only moved once in two weeks previous to admission; and in spite of active treatment they have not yet been restored to a natural condition. He has obstinate constipation, but the most careful questioning fails to show any exposure to lead, nor is there any other than this one symptom to warrant such a suspicion. He has no blue line on the gums, there is no exterior paralysis, and he has had no cramp, but occasionally has vomiting. We will therefore set this aside.

We find, on examining the abdomen, that there is a small hernia midway between the umbilicus and the sternum, caused by an explosion. (He was blown up, in the attack on Fort Fisher, during the civil war.) This rupture, in this unusual position, sometimes is as large as an egg, and has all the signs of a visceral protrusion. Can it be possible that this hernia produced the symptoms? That this may be so I can attest, for I, as a physician, have seen patients with herniæ who were troubled with meaningless vomiting, and attacks of obstinate constipation, all connected with some trouble or irritation of the hernial sac. I recall a case of a gentleman in the lower part of the city, who had several fainting fits with violent vomiting and constipation. The idea of an abdominal aneurism was suggested, but on examining carefully, I found a small hernia. I ordered for him a well-fitting truss, and since he has been wearing it these attacks have ceased entirely. We, therefore, will direct the patient to get a proper truss.

Now, to come back to the medical aspects of the case. Here purgatives act slowly, but he has been ordered a pill, which I think has done him some good.

℞. Podophylli, gr. ¼
Ext. belladonnæ, gr. 1/12
Ext. nucis vomicæ, gr. ⅓. M.
Ft. pil.
Sig.—One every three hours.

These moved his bowels several times, but were discontinued so as to try electricity. We used the continuous current from forty cells, one pole held over the colon the other on the sacrum; this has caused the expulsion of flatus but no evacuation. It shall be continued every day, in order to give tone to the bowel, but we will also return to the pills. It may be asked, why give belladonna and nux vomica together? Are they not physiologically incompatible? They are antagonistic, except in their action on unstriped muscular fibre. Nux vomica is a tonic to the muscular coat of the bowel, and nux vomica or strychnia has always enjoyed a good reputation in chronic constipation. Belladonna also acts on the non-striated muscle and is frequently used in bladder complaints, to produce contraction. They are not, in this instance, therapeutically incompatible. I will, however, make a slight modification in the prescription:—

℞. Res. podophylli, gr. ¼
Ext. belladonnæ, gr. 1/12
Ext. nucis vomicæ, gr. ¼
Aloe, gr. ½
Ol. cajuputi, ♏ij. M.
Ft. pil.
Sig.—Take one, three or four times daily.

You have here a pill very much the same as the first, but associated with aloes, which is considered an excellent remedy in atony of the bowel. The cajuput is added to prevent griping.

PHILADELPHIA DISPENSARY.

DR. MARIS, RESIDENT PHYSICIAN.

REVIEW OF THE TREATMENT OF NERVOUS DISEASES, AND EXTRACTS FROM CLINICS.

No. II.

BY C. C. VANDERBECK, M. D.

In my last report, I spoke of Dr. Maris depending upon cimicifuga in *chorea*, and that he had not been altogether satisfied with the effect of arsenic in this disease, but thought his failure to push the drug might be the explanation. Now, he gives good reasons why he does not push the arsenical plan of treatment. The class of cases attending the dispensary are, as a rule, so ignorant that it is not safe to prescribe, with impunity, powerful drugs. There has never been an accident in the institution, or none outside, resulting from his treatment, simply on account of the care used in giving drugs. He has been more and more convinced of the importance of such vigilance, and several instances have shown the correctness of such a course; one of these may be given. He had occasion one time to prescribe two ounces of "mistura intermittentis" (the

formula was given Dec. 23d, 1876), and on account of some nervous condition he contemplated adding one grain of strychnia, but remembering his rule, to do without these powerful medicines if possible, he did not order the strychnia. The next day the man reappeared for more medicine. Dr. M., asked him where was what he had given him the day before. The patient answered, that feeling very badly in the evening, he argued if a little did him good, all of it ought to do him more good, so he swallowed the entire contents of the bottle. The doctor was very happy that the grain of strychnia did not enter into the composition of the mixture. Therefore, as long as he obtains such favorable results in chorea from cimicifuga, he does not care to entrust such a potent remedy as arsenic in the hands of such ignorant patients, without the greatest circumspection.

In making this review of the treatment of nervous diseases at this institution, it is proper to mention that the resident physician, Dr. Maris, has held this position for seventeen years, and has paid particular attention to results of treatment. It seems to me, therefore, that the experience of this gentleman cannot fail to be of value and interest. Though it is often highly unsatisfactory to treat such classes, though it is impossible always to control them, to get them to come back regularly and at appointed times, yet in a series of years, almost a score in number, many important facts must have been accumulated by Dr. Maris. What the profession, and what suffering humanity need, especially those afflicted with the anguish and woes of nervous maladies, are facts, not theory. If men of long and extensive practice would print their facts, progress would be more rapid and more uniform. All the facts may not coincide, but there will be a greater mass of material from which to make deductions, a greater number of instances from which safer and more perfect generalization may be obtained.

As Hartshorne remarks, "What is wanted now is more positivism in medicine; more *exact observation* of clinical and therapeutical facts."

It is not so with most of the natural sciences. Generalization is the work for the present naturalist. Medicine needs detailed facts—accumulations of experiences of active practical physicians. If too much time is required in professional duties to allow of extensive or even the slightest medical writing, then the work ought to be deputized, or, at any rate, a careful history of cases ought to be kept by every physician.

The true doctor well knows that he does not live for self. He must not be satisfied to enter a name, and receive his fee, and deny the right of posterity to know the results of his life long experience. Upon a well regulated doctor's office table are found books for the entry of cases—for science's sake—not simply to show the debit side of a man's account. When a man who thus carefully registers his experience speaks or writes, his words are freighted with wisdom and truth, and are in strong contrast to the everlasting boasting—Paracelsus style of relating unrecorded and *uncertain* facts.

Dr Maris finds it necessary to use strychnia in *chronic paralytic cases*, but he is sure to caution and recaution the patients of the potency of the remedy employed. If he could get the same result from a less powerful drug, he would adopt the same plan as in treating chorea, choosing the safer line of treatment.

Very excellent results have been obtained in *hemiplegic cases*, by the use of strychnia per orem. He has seen several cases perfectly restored. The use of strychnia is confined to the chronic cases.

In *acute hemiplegia*, the chief reliance is upon counter-irritation, by the bowels, giving a course of brisk cathartics. Occasionally cases of *paraplegia* present themselves to this clinic. In fact, there is scarcely a disease but that is sometimes seen here. Many and many times have scarlatina, rubeola, and even small-pox patients applied for treatment. It is almost impossible to lay down any special line of therapeutics in this or any other nervous disease. Individualization must be attended to in every case. Not a disease, as a disease, but a malady as occurring in a certain constitution, modified by the age, sex, habits and former diseases of the patient, must be treated. And then, often, with these cases coming here, there is a modifying element in the form of malaria or syphilis. This attention to each case becomes quite easy, after experience is obtained by handling a large number of cases. At a glance, often, the line of treatment can be determined.

The cases of paraplegia that have been treated were not very much improved. The prognosis, undoubtedly, is bad. In some cases strychnia is used, and often with advantage when applied to a blistered surface; the general health receives close attention; malaria and syphilitic poisons are corrected; iron given to anæmic cases, and counter-irritation is applied to the spine in all the cases.

To speak of remedies now, rather than diseases, Dr. Maris announces his confidence in medicines. The doctor says that when he first began practice he was, by reason of education and surrounding influences of various kinds, somewhat of a skeptic in regard to the virtue of medicines. This bias has been removed from his mind, and he now firmly believes in the power and good effects of remedies. This has been brought about by the clear, undeniable results that have, not once or twice, but many times over, occurred to him in treating the thousands of cases that resort to this Institution for relief.* He feels he knows the value—the true value of medicines—just what they can and just what they cannot do! Too much must not be expected of them. They do not perform miracles. There are practitioners today who believe in the almost miraculous

* Dr. Maris has treated with his own hands, since being resident physician, over 120,000 cases.

power of medicines; others who have lost all faith in them. He chooses the middle course, not agreeing with the physician who writes his prescription and fails to mention one word of the fresh air of heaven, of sunshine, of diet and nursing, and hygiene in general, forgetting that these are most potent remedies. and believing that "dosing" is the only therapeutical indication. Neither does he agree with the skeptic—with him who believes the potency of medication is as powerful in the pill of bread as in any veritable drug—who is disgusted with medicine and its practice, and stays in it only to keep the wolf from the door. Do I overdraw? Examples of both of these classes are in my mind's eye. These are pictures drawn from life. Dr. Maris' vast experience cannot accept the idea of the impotency of drugs. A moment's consideration will show us that dispensary cases are particularly valuable in testing the value of treatment. Who are these patients? Often intelligent poor; sometimes clever, polite, and interesting people. Sometimes those who have been, by untoward circumstances, reduced from an opulent or comfortable condition; but as a rule, the scum of society—the inhabitants of the dark alleys, damp cellars, and leaky garrets; those who have the parlor, sitting-room, bedroom, and kitchen all in one room, and to find even this, one must grope with uncertain steps up the long, dark, and rickety stairs to the room just under the rafters; they are those reared in darkness and in filth, imperfectly or improperly nourished. Such are the visitors of the charity dispensing service, and yet, in spite of all these adverse features, in spite of all these tendencies to originate and promulgate disease and to give it continuation, we have seen the curative efficacy of medicine hundreds of times. To think of patients who beg the doctor to give nothing to increase their appetite, as their means of support are not sufficient to appease any increase of hunger! and yet, in such, disease is often removed or held in abeyance by the virtue of medicine.

This is by no means an argument for filth and wretchedness. If medicines can do so much for them, it ought to do more for those who can have the invaluable adjuvants—air, sunshine, and abundance of food of proper quality and of wholesome variety. Yet among the upper classes there are other adverse agents, not so loathsome as those of the courts and alleys, but often as baneful—the refinements of civilization, sapping vital power and destroying vigor, perhaps in other forms of disease, but just as certainly undermining health as those maladies called *filth diseases*. The remedial action of medicine often in such classes also is at a disadvantage, yet physicians well know it frequently exerts its curative effect. Dr. M. is a firm believer in the benefits of hygiene, and endeavors to impress the importance of cleanliness and temperance upon the patients. He is satisfied that much harm is done by whisky and tobacco. Some of the male cases are literally whisky and tobacco soaked. He has never yet found an Irishman who either did not drink now, or had some time in the past. They freely acknowledge the "corn."

A very frequent complication is *nervous dyspepsia*, and, in fact, all kinds of dyspepsia. This is due, not to over-eating or "bolting," etc., but is caused by improper and insufficient diet, a diet without much or no variation. Many say they live for weeks and months upon tea and bread. The system is not nourished, the stomach is weakened, not only by reason of the general lack of strength, but because of its comparative quietude. Work is its function. Food is its stimulus. Many thus affected are young girls, who are too proud to work out at service, and rather work for beggarly wages upon the sewing machine, or at plain hand sewing. Servants have the advantage of the full and varied diet of the master's table. Then the very work itself, of sewing, and till midnight, is not conducive to health.

While conversing with the doctor, a patient came in with a large *ulcer on the left leg*. The sore had a very unhealthy look, and the appearance of it and the surrounding flesh was very peculiar. Dr. M. observed that the man had been "poulticing the sore to death." He has seen many instances where patients have been poulticing a part for a long time, and utterly exhausting all its vitality. He ordered the poultice to be removed, and the sore stimulated with co. resin cerate.

Dr. M. has been in the habit of entering in a book the remarks of the patients as they endeavored to explain their sufferings. These are very rich, and will show just what ignorance he has to contend with. One person *complains* of having *no* cough, but when she eats she has to hold her head down for half an hour. One has renality in the head; another is "knocked in the head with a pain in the back." Others of these remarks are: "I smell a gas up my throat;" I've the joralgy;" "Dr. P. says I have the lipsic;" "My feet be's creeping out of my shoes;" "I pass my nervous system through me rotten" (he had a bad diarrhœa); "I have valerian fever;" "I did'nt know whether I was to take these four pills, or to rub them in my hand;" "Doctor said I had broken the pulses around my heart;" I have not a sick spit, but kind of a slushy spit;" "A squill in the throat;" "A clink in my ribs;" "I feel like exhilarating very much;" "I have the spaniel disease growing in my back;" "I taste a bad smell up my neck;" "I have no spine in my nerves;" "My stomach flies to my head;" "I've a great kick up in my stomach;" "I want a certificate of death for a woman who is not expected to live;" etc.

To the "house prescriptions" given the last time I may add:—

TINCTURA FERRI ET QUASSIÆ.

℞. Tinct. ferri chlor., fℨj.
Tinct. quassiæ, fℨj. M.

LIQUOR FERRI ET POT. TARTRATIS.

℞. Ferri et pot. tart., ℈ij
Aquæ, fl℥ij. M.

SAL FERRI COMPOSITUS.

℞. Ferri sulph.,
Ferri carb., āā grs.x
Pulv. aromat., ℈ij
Magnesii sulph., ℥j. M.

Et ft. chart No. 1.

Sig.—A teaspoonful every morning in a glass of cold water.

LIQUOR POTASSII ACETATIS.

℞. Potas. bicarb., ℥iijss
Acid. acetici, ℥vj
Aquæ, ℥xxiij. M.

LIQUOR CHLORALIS.

℞. Chloralis, ℥j
Aquæ, fl.℥j. M.

PULVIS GENTIANÆ COMP.

℞. Gentianæ, ℥iv
Sennæ,
Zingiberis, āā ℥ij
Sodii bicarb., ℥iss. M.

Et ft. chart No. 1.

Sig.—Put into a pint of boiling water and take a wineglassful three times a day.

LIQUOR ZINCI SULPHATIS.

℞. Zinci sulph., grs.ij
Aquæ, fl ℥j. M.

EDITORIAL DEPARTMENT.

PERISCOPE.

Inoculation of Cancer.

Preliminary communication by Mct'slawus Nowinsky. (From the Zoo-chirurgical Cabinet of Prof. Wowontzoff, in St. Petersburg.) Translated from the *Centralblatt für die Medicinischen Wissenschaften*, November 4th, 1876, by JOHN SUNDBERG, M. D., Baltimore, Md.)

In December, 1875, I made the following experiment with the inoculation of cancer. I used small pieces of a carcinoma medullare, from the nose of a dog. Twenty-seven of the inoculations were made on inflamed and fifteen on normal skin. The former gave all a negative, but of the latter two gave a positive result. The following is the history of one of the cases: In a fresh wound which I had made on the dog's back, I planted a piece of cancerous tissue of about two millimétres in size. I then closed the wound by sutures, and it healed by first intention. After a period of fourteen days there appeared in the cicatrix a nodule, of the size of a pea. This grew rapidly, so that on the 1st of April, about three months after the inoculation, it had attained the size of a walnut, and presented an uneven and ulcerated surface. On the 4th of May the dog was killed. The globular tumor, which measured three and a half centimétres diameter, was rather soft, and upon section it proved to be of a white color. In the right sub-clavicular region was found an enlarged lymphatic gland. The microscopical examination of the first nodule revealed that the peripheral layer consisted of closely packed polygonal cells, of an epithelial character and of variable size, which infiltrated the subjacent layer of connective tissue. In the central layers were found alveoli of variable size, with more or less of minute tubercles; these were filled with similar epithelial cells. In the enlarged lymphatic gland the same appearance presented itself as in the first nodule. I have thus obtained a similar structure of the tumor in this case as in that from which I took the small pieces of cancerous tissue for inoculation, viz., carcinoma medullare.

In the second case, I took for inoculation a small piece of cancerous tissue from the first tumor of last year's experiment. The inoculation was performed on a young dog, only three months of age, that died from the plague within a month and a half after the inoculation. On section of the cadaver, a small nodule, of the size of a pea, was found in the cicatrix where the inoculation had taken place, without the presence of metastatic nodules in any other organs. By the microscopical examination I obtained specimens that are characteristic of carcinoma medullare.

From these experiments we learn that when small pieces of cancerous tissue are, under favorable circumstances, transplanted under the skin of a dog, they take root and grow. Thus, the infection of cancer cells can no longer be doubted. These experiments shall be continued, and a more complete report given at a future time.

Conclusions on Salicylic Acid.

A series of experiments are reported in the Edinburgh *Medical Journal*, Nov., 1876, by Mr. J. A. Erskine. His conclusions are that it is an antiseptic, deodorizer, and astringent, possessing these three properties in a marked manner. That it produces a specific action on the mucous membrane of the mouth, nose, and throat, is undoubted, as the catarrhal symptoms are produced in these regions whether it is taken by the mouth or rectum. That, from its rapid absorption by the blood, it is quickly carried through all parts of the economy, and its action is thus quickly manifested. The antiseptic properties being so marked, and its char-

acter being non poisonous, it is sure to prove efficient in zymotic disease, in the same way that sulpho-carbolate of soda has been used.

Salicylic acid, although proved by Godeffroy to be three times as strong an antiseptic as carbolic acid, is so difficult to dissolve, that its spray is not efficacious. Its use as an external antiseptic is thus much prevented, as, from its non irritating, and non-poisonous qualities, it is otherwise eminently suited for use externally.

No explanation of the changes which salicylic acid undergoes in the economy has yet been attempted. Is it not probable that salicylic acid, from the heat to which it is exposed in the alimentary canal, splits into carbolic and carbonic acids; that the carbonic acid, escaping as it passes down, causes the sensation of choking; and that the carbolic acid, coming in contact with gastric juice, forms an innocuous compound with some of its salts, and thus carries out its actions? This is the chemical explanation of its action, at least.

Regarding its administration, he says:—In powder, it is almost impossible to swallow it alone, as I believe, from the experience that I had in trying it, that the heat of the mouth causes carbolic and carbonic acids to be evolved. It can be administered in rice paper, or in combination with starch, or it may be administered in the following formula, which I have found useful, and which does not hurt the mouth and throat to any extent, compared to the powder:—

℞. Acidi salicylici,
Potass. bicarb., āā gr.xv
Aquæ, ℥j. M.

Carbonic acid is evolved, and the potash combines with the acid to form salicylate of potash. Salicylic acid is non-poisonous, as much as ℈iv having been administered in Germany. I myself have taken as much as ℈ij, without producing the slighest bad effect, except displaying its specific action.

Treatment of Hygroma Præpatellare by Incision.

Professor R. Volkmann, of Halle, treats of this subject in an article published in the *Berliner Klinische Wochenschrift*, No. 8, 1876.

While incisions into the synovial sac in cases of hygroma are usually followed by long-continued and severe inflammation and suppuration, yet they will heal rapidly when followed by antiseptic treatment, the application of a bandage to produce pressure, and keeping the wound open.

The author treated six cases of chronic hygroma at the knee, and one of the bursa anconea, in this manner. In no case did inflammation or suppuration supervene, and six remained without febrile symptoms. He makes a longitudinal incision and empties the sac of fluid; if the integuments are very much distended, and would become too flabby after this procedure, he removes an elliptical piece of the skin and wall of the sac by excision; should rice-shaped concretions remain adherent, they are scraped out with the "sharp spoon;" after this the sac is washed out with a $\frac{5}{100}$ solution of carbolic acid. On each side of the wound is placed a roll of Lister's cotton gauze, and it is kept open by means of short perpendicular drainage tubes, unless it remains open without aid; over the whole a bandage is applied in the ordinary manner. Within two to three days perfect adhesion takes place within the sac; after the above-mentioned dressing has been renewed three to four times in the course of eight to ten days, union will have progressed so far that simpler dressings may be applied. Definite cicatrization is completed in two to three weeks.

Among the seven cases treated the contents in three were hemorrhagic. It is remarked that not only the free, but also the pedicellate rice-shaped bodies are fibrinous concretions; in the latter variety the fibrin is deposited in concentric layers around minute filaments.

Dangers of Surgical Operations on Opium Users.

In some notes on surgical practice in China, in the Edinburgh *Medical Journal*, Dr. E. Henderson calls attention to the increased dangers of operations in opium users, a fact well for our own surgeons to note, as the use of that drug is rapidly increasing in our own cities. He says:—

That loss of health which results from excessive opium smoking is, of all others, the constitutional condition most to be dreaded by the surgeon in Shanghai. Patients so debilitated are little able to bear the shock of injuries or operations; their tissues possess little vitality, sloughing readily and healing slowly. They are restless and irritable; having little appetite for food or power of assimilating what they eat. In such subjects, I have seen sloughing of the cornea follow a trifling operation on the conjunctiva, and have often watched the feeble reparative power shown on the surface of wounds. In dealing with confirmed opium-smokers, the surgeon would do well to limit the use of the knife to such cases as absolutely require his interference. During treatment, and especially after operations, the patient should be permitted the use of his pipe, or if, in preference, opium be given by the mouth, the ordinary dose must be very largely increased. In surgical diseases affecting the opium-smoker, the abrupt discontinuance of the habit would, I believe, almost certainly be injurious. Opium-smoking has certain advantages in the case of those who suffer from painful and incurable diseases. I have myself seen several cases of cancer among the natives in which relief from suffering was obtained by the use of the opium pipe. While I write, there is a case of the kind in the Shanghai Road Hospital; the sufferer will not at present consent to submit to the necessary operation, which involves amputation through the lower third of the thigh, and obtains relief from pain by opium-smoking, consuming no less than an ounce of the prepared drug daily.

The Treatment of Dilated Heart.

Dr. J. Milner Fothergill believes this is often a curable disease. He says, in the *Medical Press and Circular*, October, 1876 :—

The physical signs are a diffused apex heat broader than the normal, irregular action, with more or less intermittency; palpitation on effort, with a pulse regular or irregular, according to the action of the heart, but always readily compressible and empty during the cardiac diastole. The subjective symptoms are palpitation on effort—indeed, the whole series of signs and symptoms are aggravated by exertion; breathlessness easily induced; often attacks of dyspnœa, with craving for air, "although air freely enters the lungs" (Haydn), coming on in the night during sleep, as well as in the day, after exertion. Such, briefly, are the outcomes of cardiac dilatation.

In order to procure relief from these different consequential results of cardiac dilatation, it is necessary to strike at their cause. The following case will illustrate very clearly what must be done :—

W. A., aged fifty-nine, from Stockton-on-Tees, presented himself at the Victoria Park Hospital, on March the 18th, 1876. He was a grocer in the above town. For some time he had been in failing health; had felt himself less equal to exertion, even in the light duties of his business; so he came to some friends at Stratford, and attended the hospital regularly. He complained, when first seen, of general failing strength, of shortness of breath, of choking sensations, often stopping him when attending to his shop, and compelling him to sit down and keep quiet. His heart's action was irregular, with numerous intermissions, and with a diffused apex heat. He was a tall, well-built man, and his malady in all probability took its origin in excessive taxation of his powers from his industrious habits. He could only sleep propped up in bed. He was told to keep very quiet, to stay long hours in bed, and spend a good portion of his time on the couch when out of bed. His diet was to consist of easily digestible food in moderate quantities at once, and frequently repeated. The medicine prescribed was the ordinary hospital mixture of quinine and iron, an ounce three times every day, with fifteen drops of tincture of digitalis in each dose.

March 26th. Reported himself already feeling better, symptoms ameliorating.

April 8th. The intermittency had departed, and only the irregular action of the heart remained. The choking sensations were much better. Medicine to be continued, and a compound colocynth pill at bedtime occasionally, in order to regulate the bowels.

June 3d. Feels so well that he asks to be discharged, in order to return to his business at Stockton. His pulse is regular and well sustained, and his heart's action steady. His signs and symptoms are all so much relieved that he could readily pass for insurance. He was a very obedient and intelligent patient, and his rapid improvement was due in part to his carrying out his instructions so well. Further directions were given him as to his future treatment of himself, together with a formula for making a pill, containing a grain of digitalis in powder. with a third of a grain of dried sulphate of iron, one to be taken twice every day after food. He promised to write in a month and say how he is going on. His report is as follows :—

"July 10th. I have steadfastly adhered to the course you presented, and not only feel myself much better, but my doctor and all my friends say I look better."

Aneurism Treated with Tan Poultices.

In the London *Medical Times and Gazette*. November 4th, Dr. W. Arding writes :—

As the medical treatment of aneurism has only partially, if at all, engaged the attention of medical practitioners, I beg to bring to your notice a case of such disease treated by me some years ago.

The patient, J. S., of middle age, was affected with difficulty of breathing, particularly when at his work as a shoemaker, and at the same time was affected with a pulsating tumor in the epigastric region, at the scorbiculus cordis. quite evident to the sight. His general health was good in all other respects. After applying some topical remedies without any improvement, at last I suggested the application of tan poultices to the pit of the stomach. In a few weeks the disease apparently was perfectly cured, but I lost sight of my patient, he having left this town for Reading; since which time no further accounts have been received of him.

The *rationale* of the treatment must appear, I am happy to say, evident to every one; an astringent application, externally applied, having successfully produced a deposition of fibrin internally in the diseased artery, so as to almost astonish me with its favorable result.

Iodine Intoxication and Albuminuria in Children.

In the *Gazette Hebdom.* No. 19, 1876, it is stated that, on recommendation of Dr. Clin, Dr. S. Simon applied tincture of iodine and glycerine daily in cases of tinea and favus occurring in children. The crust thus formed falls off in a few days with the diseased hairs, so that it is not necessary to remove the hairs by other means or to wash the scalp. The results were excellent and without unpleasant complications, until suddenly a patient ten years of age became affected with iodine poisoning; iodine was found in the urine, and at the same time albumen was found in the urine of more than half of the other patients undergoing the same treatment; in some it was present in considerable amount. Four of the cases presented iodine and albumen in the urine at the same time; this ceased when the iodine treatment was omitted, and set in again as soon as newly applied iodine had time to be absorbed. The

children in the ward who were not treated with iodine remained free from these phenomena. In seven cases treated with iodine the medicine was found in the urine, but albumen did not appear.

Experimentally, three other cases were treated by the external application of iodine; two were patients with phthisis, and one was a case of white swelling of the knee. Two of these presented iodine and albumen in the urine on the second day; in the third case the applications were at first few in number, and only covered a spot as large as a five franc-piece; albumen did not appear until the fourth day, and at first only as a trace. Fourteen patients had a surface of ten centimétres square painted with tincture of iodine; and in them iodine and albumen were very soon found in the urine.

S. Simon draws the following conclusions from the above: We must not apply iodine too long externally in the cases of children affected with chronic diseases, for fear of producing permanent albuminuria; and in excitable, nervous patients, especially when in a febrile condition, iodine and albumen appear very quickly and readily in the urine, after the former has been applied externally. On the other side, the treatment is recommended for tinea and favus, the urine being carefully watched and tested for albumen, and the applications suspended when it appears in any quantity.

While iodine easily produces these phenomena when used externally for children, they bear iodide of potassium very well. In chronic albuminuria, of adults, iodine often acts beneficially (Isambert). Dechambre has experimentally demonstrated the absorption of iodine by the skin of adults.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Report of the Board of Health of Philadelphia, for 1875, is a document of 350 pages, full of carefully collated statistics and useful sanitary information. It is pleasing to learn that the vast abattoir erected by the Philadelphia Stock Yard Company, from which so much was feared, is unsurpassed in neatness, convenience, and safety. Intra-mural interments, it is stated, should be prohibited in future. Much of the value of the Report is due to the labors of Dr. William H. Ford, Secretary of the Board.

——The 21st Annual Report of Births, Marriages and Deaths, in the City of Providence, gives the usual careful summary.

BOOK NOTICES.

Proceedings of the Third Annual Meeting of the Medical Society of Oregon. 1876. pp. 60.

Though not large in size, the contents of this report prove that the Medical Society of Oregon is active in the right path. It presents a practical address by the retiring President, Dr. R. Glisan; a medico-legal one by the Hon. William Strong; and cases by Dr. John Vite, and Dr. W. B. Cardwell, besides the usual proceedings. The Society counts about sixty members.

A Treatise on Hernia, with a New Process for its Radical Cure, and Original Contributions to Operative Surgery, and New Surgical Instruments. By Greensville Dowell, M. D., Professor of Surgery in Texas Medical College, etc. Philadelphia, Published by D. G. Brinton, 115 South Seventh Street. Cloth, 8vo. Illustrated. pp. 206. Price $3.

This work is tersely written, and at the same time sufficiently elaborate for the use of both specialist and general practitioner. The first part is devoted to the consideration of the varieties, symptoms and causes of hernia. Several interesting tables are inserted—1st. Showing the number of exemptions of drafted men on account of hernia. 2d. The number of deaths from this trouble, compiled from the United States census of 1850, 1860 and 1870. 3d. The most frequent site of strangulated hernias, with a comparison between the two sexes in this regard. An interesting table of the relative size of the tumors in the two sexes is also inserted. Scrotal being the largest in the male, umbilical in the female; ventral next in order in both sexes. It is shown by these statistics, that hernia is very common, the ratio being 29.14 to the 1000; and deaths from this affection are more frequent than one would suspect, "the number of deaths, to the entire number of deaths in the United States, is 1 in 771½; or, in the entire population, 1 in 60,432½."

The *treatment* of hernias is the distinctive feature of the work. Palliative treatment is best carried out by means of a carefully-made and perfectly-fitting truss. A minute description is given of various varieties of trusses, the advantages and disadvantages being pointed out. We can testify, by personal experience, that a badly-fitting truss may do actual harm.

Druggists throughout the country sell, as a rule, trusses, and very frequently the affected person applies directly to the salesman, without an examination by or advice from a surgeon, and the only care used is in selecting the proper side. The effect of which is, in some cases, to cause, at least, irritation or inflammation of the tumor, or even produce strangulation.

The radical cure of hernia is next considered. This is the key-note of the book. The author here displays a minute and explicit knowledge of all the operations ever practiced for the radical cure of the affection in question, and finally introduces his own new method of operating. He claims superiority over all other methods, and judging from his statistics, we have no reason to criticise the claim.

Notice is made of numerous methods, among which are Prof. Agnew's, Prof. Gross', Prof. Wood's, and Prof. Joseph Pancoast's. Pancoast's method, the injection of iodine in the sac, often requires several repetitions, and is rather unsafe. Issue is joined with Prof. Gross in regard to the impracticability of a cure "by any method whatever" when the canal is shortened and widened, and when the orifices of the canal are on the same line. Only the merest outline of the author's method, so minutely and plainly described in the work, can be given. "The only instruments used are a double spear-pointed semicircular needle, with an eye in each point, silver wire, a piece of cork." The operation consists in approximating the edges, but not by cutting down upon the parts, and paring the edges, a procedure considered by Gross the most rational method. The approximation is effected by the author by a unique method of subcutaneous sutures of silver wire, and thus the "replacing of the natural support" is effected. "Compression alone is all that is required to cause adhesion in serous tissue," therefore, freshening of the edges is considered superfluous.

The plates illustrating the text are not very artistic, being rather rough wood-cuts, but the writer's object is met—not a display, but a practical hand-book produced, and the cuts are sufficiently good to show the procedures in operating by the new method. Summing up his results, out of sixty-eight cases he had only eight failures.

We can but mention that the latter half of the work considers: "A New Instrument for Removal of Septum in Artificial Anus;" "Prof. Dowell's Male Catheter;" "Instruments for Lithotomy in the Male;" "Ligation of Varicose Veins with a Shuttle Needle;" "Stricture of the Urethra;" "Table of Operations by Prof. Dowell, for Fistula, and for Impermeable Stricture," etc., etc. In concluding, we heartily commend this book to every one interested in the subjects therein treated.

Ophthalmic and Otic Memoranda. By D. B. St. John Roosa, M.D., Professor of Ophthalmology and Otology in the University of the city of New York, etc., etc.; and Edward T. Ely, M. D., Assistant to the Chair of Ophthalmology and Otology, etc. Wm. Wood & Co., New York, 1876.

This is a very neatly gotten up little book, suitable for the pocket of the physician or the student attending lectures; but we were somewhat surprised at the pretentious character of the preface, as may be seen by quotations from page 1. "It aims to give a concise and correct outline of our present knowledge of ophthalmology and otology, and to serve as a kind of dictionary of these subjects." "The anatomical portions, however, will be found quite *as complete as in any* one book in our language." The anatomy and physiology of the eye, with its appendages, are given in *thirty-nine pages;* that of the ear in *sixty-three pages*. As far as the general practitioner is concerned, this part might as well have been omitted, for he lacks both time and inclination to read mere dry anatomy; and such epitomized descriptions cannot satisfy the specialist so long as so many excellent and elaborate treatises can be obtained. Of the practical portion, including treatment, we selected the article on the treatment of perforations of the membrana tympani by artificial membranes, a subject we desired to refresh our memory upon, and found the following information at page 224: "After irritation and suppuration have subsided, hearing may sometimes be improved by insertion of an artificial drum-head. Latter is only of service where drum-head is partly or wholly destroyed, and where deafness is marked. It must be used carefully, and removed at once if it causes irritation." Again, at page 230, under "Otalgia," where the general practitioner would naturally look for some new hints from the specialist, the subject is dismissed in three lines.

THE

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D. G. BRINTON, M. D., EDITOR.

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THE VIVISECTION QUESTION.

Among the topics which attracted the attention of the lecturers at the commencement of the present medical term, in Great Britain, that of vivisection occupied a prominent position.

At the last session of Parliament, a Royal Commission was appointed specially to investigate the "practice of subjecting live animals to experiments for scientific purposes." Among the members of that commission were several distinguished statesmen, and at least one name well known to science. After a protracted inquiry into the whole question, these commissioners came unanimously to the conclusion: "That it is impossible altogether to prevent the practice of making experiments upon living animals for the obtainment of knowledge applicable to the mitigation of human suffering, or the prolongation of human life;" and again, "the greatest mitigations of human suffering have been in part derived from such experiments." They further expressed the opinion that "a general sentiment of humanity on this subject appears to pervade all classes in this country."

A Bill was introduced after the reading of this report, allowing the practice of vivisection by professed teachers of physiology, but clogging the freedom of research by various petty and annoying restrictions, quite out of place in dealing with a learned and humane profession.

The feelings which this unwise action and its motives have stirred in the physiologists, may be judged by an extract from an introductory lecture by Dr. Andrew Clark, of the London Hospital.

After enumerating the functions of experiment, and showing the necessity of checking its results by clinical observations, he adverted to the suffering inflicted upon animals, and the responsibilities which it imposed upon experimenters. Touching upon recent legislation and its probable effects upon education and science, he expressed his alarm at the prospect of a fresh crusade, in which "no quarter was to be given, and no peace concluded, until the liberty of experimenting upon animals was unconditionally extinguished," and continued:—

"It is hard to understand the reasons of such a passionate antagonism, and still harder to believe that it has no other foundation than the desire to protect inferior animals from unnecessary suffering. For, if this be so, why do our antagonists confine their warfare within such narrow limits? The infliction of suffering for ulterior ends—everywhere visible in nature, now adjusting the balance of nations, or settling the autonomies of peoples—pervades the whole structure and relations of civilized life. What are all the sufferings inflicted by all the vivisectionists of all the world in comparison with the hecatombs of suffering which political experimenters have inflicted upon mankind, in their attempts to settle the question of the balance of power in Europe? Are the sufferings of men of less account than the sufferings of brutes? Or is their blood less precious? Are the countless woes of countless human hearts to be

reckoned but as dust in the balance against the wounds of guinea-pigs and frogs?"

The effort which has been made, to a less degree in this country, to excite the sensibility of well meaning persons on this subject, should be counteracted by such arguments as the above. Any one who will carefully examine how such experiments are conducted, and the results in the alleviation of human suffering they have brought about, will find no just ground to accuse them of being either needlessly painful or unnecessary to medical progress. It were as well to attack the surgeon, because his measures cause pain, as the physiologist. There is a law wider than medical science, wider than any science whatever, that pain, suffering, individual or vicarious, is an indispensable condition to advancement. That we should do our best to limit it, is a duty; that we should endeavor to dispense with it altogether, is a fallacy.

Notes and Comments.

Infant Mortality in Philadelphia.

The *Evening Star* of this city, an ably conducted paper, which takes an enlightened interest in matters of public health, comments on the mortality data of last year as follows:—

"Eighteen thousand nine hundred and three persons died in Philadelphia during the year 1876, of which number 7547 were children under five years of age. This is considerably more than one-third, very nearly one half. It is a fact startling in its character, and well calculated to cause reflection. How many of these seven and a half thousand little ones perished for want of fresh air, how many from neglect, and how many from absolute want? There is wide room for the organization of associations for the protection of little children."

Boards of Health.

Gov. Hartranft, of Pennsylvania, says in his last message, which appeared the first of the year:

"The conviction is steadily growing among intelligent men, and especially physicians, that a State Board of Health is necessary to the health and happiness of our people. Many epidemics can be prevented and contagious diseases sensibly confined or mitigated, by the observance of a few sanitary precautions which are now ignorantly or willfully neglected. It is our duty as legislators to secure the lives and health and happiness of our people by all the means that the knowledge and ingenuity of the age place within our reach. A State Board of Health, having general supervision over local boards, investigating systematically and scientifically, and disseminating correct information, would inculcate proper habits among the people, and enable intelligent and salutary laws to be framed for the preservation of life and health."

The Treatment of Psoriasis and Acne.

Dr. Broadbent mentioned, lately, at the Clinical Society of London, a case of psoriasis, in which, after other remedies had failed, he gave phosphorus, and in a week the disease, obstinate before, was cured. As Sir W. Jenner observed, cases of psoriasis are plentiful, and phosphorus capsules to be had in abundance, and there should be no difficulty in inquiring into the action and use of phosphorus in this obstinate and ofttimes extremely troublesome disease.

Dr. Neumann (*Allgem. Wiener Mediz. Zeitung*, No. 37, 1876), has found excellent results, in acne rosacea, from brushing the affected skin with a solution of one part of carbolic acid in three or four parts of alcohol. The application is made three times a week, and produces no cicatrix. The treatment is not applicable when there is much thickening and œdema.

The Causes of Insanity.

Dr. Ed. Hitzig, of Zurich, in a recent lecture on "the aim of psychiatry," stated its highest to be the prevention of the origin of psychical diseases. As the most common cause of disease, the author points out heredity. Insanity must be regarded as a disease of the nervous system, which does not always produce the same form of disease, and may arise from other forms, so that epilepsy, deaf mutism, and such diseases, may alternate in different generations. It is not to be believed that all the children of a person who at one time has suffered from insanity *must* be insane. Many may remain free, and may perhaps be characterized by un-

common endowments. The author points out the great importance of not overworking the brain in children whose parents have shown a tendency to insanity.

The effects of dipsomania upon the person himself and his posterity are then discussed. The children of drunkards inherit the same if not a greater tendency to disease of the nervous system than the children of nervous, or even of insane, parents; in fact, they die often at a younger age, from convulsions and other epileptiform conditions.

The Iodides in Lead-Poisoning.

At a meeting of the Academy of Medicine of Paris, Dr. Faure communicated a note on the efficaciousness of the iodides in lead-poisoning. These observations had been made by the writer in a white-lead factory, his own property. He made the experiment on himself after a very prolonged period of poisoning, and a partial cure by the usual remedies; he obtained excellent results by a treatment of iodide of potassium, administered in doses of two centigrammes. After that time, and notwithstanding an excessive sensitiveness to saturnine emanations, he had always successfully overcome frequently repeated poisoning. M. Faure was of opinion that a workman sufficiently intelligent to determine the quantities he ought to take, would always obtain the most satisfactory results by a treatment consisting of doses from 5 to 10 centigrammes of iodide of iron or potassium, without being obliged to interrupt his work.

Testing the Urine for Albumen.

Dr. W. H. Kesteven recommends the following method, in the *Lancet*:—

Take a thin glass microscopical cover (about one inch square is the best size); on this place a drop or two of the urine to be tested; then, with a pair of ordinary dressing forceps, hold the cover over the flame of a candle. At the same time the under surface of the glass will be blacked by the smoke, and the urine will be boiled. If there is any albumen, the black under surface renders the white precipitate evident.

Urine may also be tested cold with nitric acid with the same apparatus. A drop or two of the urine should be placed slightly on one side of the centre of the surface of the glass, and a drop of nitric acid on the other. By inclining the glass, the two will mix, and after the fumes which result from the mixture have passed away, it will be readily seen if there is any albumen precipitated.

In the first experiment care must be taken not to boil the urine too rapidly, or it will be evaporated. In the second, the resulting precipitate is rendered more apparent if the under-surface of the glass has been previously coated with Brunswick black or some other dark substance. A few of these covers can be carried in an ordinary pocket dressing-case, and afford a ready means of testing urine at the patient's house.

Harvey Demonstrating the Circulation of the Blood.

The great scarcity of the original engraving of Harvey demonstrating the circulation of the blood to Charles the First of England, and published in 1851 by Lloyd Brothers, of London, has induced Mr. H. Wood, Jr., of 826 Broadway, to issue a photograph of the same. The size of the latter is 7x9 inches, and is exceedingly well executed. As the London engraving is now entirely out of print, and not attainable "for love or money," the photographic copy is likely to become a popular office picture.

The Importance of Treatment in Disease.

It seems rather absurd to have to remind medical authors that the main object of the study of medicine is to remedy disease. But it is certainly needful to do so. We are glad to observe that the strictures in this journal, on Dr. Bristowe's recently published *Practice*, have been reëchoed by his British critics. The following excellent remarks are from a review of his book in the London *Medical Record*:—

"As in all the modern works on physic, the treatment of disease receives less attention in this treatise than its diagnosis and *post-mortem* phenomena. We think this is to be deeply regretted, on more grounds than one. The neglect of treatment on the part of orthodox practitioners is the stronghold of quackery. The self-dubbed Doctor Smellfungus, graduate of a college *in nubibus*, sees a patient, relieves his pain, gives him tranquil nights, and at least a few days of enjoyable life, whilst the graduate in honors of old and celebrated universities, who is perhaps, in addition, Member or Fellow of Royal Colleges of Physicians or

Surgeons, sends the patient away, or leaves him, after making an elaborate diagnosis, with some peppermint water, or some other equally futile prescription, which affords no relief either to his body or to his mind."

CORRESPONDENCE.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

Letters by an Invalid Physician.

LETTER VII.—GOING SOUTH, AND THE CLIMATE OF AIKEN, S. C.

ED. MED. AND SURG. REPORTER:—

The winter of 1875 and 1876, I passed in the Carolinas and Florida. After getting South of Richmond, one notices a diminution in the comforts of railway travel. Not only are the sleeping and parlor cars inferior to those in the North, but the road bed is ticklish, and the railway tracks undulate, like waves. The trains run slowly. I never passed over rougher railways than those between Richmond and Weldon, Greensboro and Columbia, and Savannah and Jacksonville. The average meal at the Southern railroad station is aptly described by Miss Phelps, in the *Atlantic Monthly*. "Everything tastes alike, and everything tastes fried." The two main lines to the Southern Seaboard States, diverge from Richmond. One goes down the coast, through Weldon, Wilmington, Charleston and Savannah; the other, via Piedmont, Greensboro, Charlotte, Columbia, and Augusta, to Savannah. An intermediate road through Raleigh is projected.

A medical friend advised me to try a hotel located at a station on the Weldon and Raleigh, railroad, about midway between these cities. The hotel prospectus said everything good of the climate, and that all kinds of game, from a rabbit to a deer, might be had for the hunting. I tried this hotel for a week, with the following result. It rained every day, and the rain fell upon a pasty clay, and lay in pools. The negroes had about cleaned out the game, with the exception of crow. Two hardy hunters, gunning on reserves, did bring home some dozen partridges after a hard day's work. The stairs of this hostelry ascended on the outside, from piazza to piazza. After hearing a darkey waittress, for six consecutive days, ask me at dinner if I would have "rost poke" (roast pork), and noticing that I did not thrive on this standard dish, I decamped. The scenery of the Carolinas is not enlivening, long stretches of pine forest, with an occasional turpentine factory, offering the only variety during long rides.

Raleigh, N. C., is a charming little city, and offers good food and accommodation. The Yarborough hotel is the finest in the place, its proprietor, Dr. Blacknall, being a graduate of the Medical Department of the University of Pennsylvania. As an intermediate climate, I think that of Raleigh one of the best. It is in the centre of North Carolina, on rising ground, is easy to reach and to leave; living is cheap and abundant, and *home* is not far off. In Columbia I found bad hotels and the remains of a pretty city. The only thing that seemed to flourish during my stay, was the negro legislature. Some consumptives winter in Columbia, and some are benefited, but I do not feel like recommending its climate. Moreover, Aiken is near, and it is decidedly the better place. Aiken is built on the water-shed between the Savannah and Edisto Rivers. It is one hundred and twenty miles from Charleston, and seventeen from Augusta, Georgia, both of which it is connected with by rail. The most desirable route for Northern travelers, is by steamer to Charleston, from New York or Philadelphia, and thence to Aiken by rail. The passage from New York to Charleston averages fifty-five hours.

The advantages of Aiken may thus be briefly enumerated. It contains the best hotel (Highland Park) and several of the best boarding houses in the South. Its markets are well supplied with fish and oysters from the seaboard, excellent beef from Tennessee, oranges from Florida, and groceries, etc., from the North. There are many pleasant walks and drives around the place, and the town is passably clean and pretty. Add to these good society, excellent drug stores, an efficient medical staff, and a porous soil which rapidly drains off the numerous rains, and we have exhausted the claims that Aiken can honestly put forth.

As is usual with "resorts," its physicians have issued a pamphlet, describing, in glowing terms, the advantages of its climate. I consider it part of my remaining mission in life, to annihilate some of these rose-colored publications, which have brought more disappointment than fulfillment to thousands of invalid visitors. From the pamphlet in question, we find that the merits of Aiken were first discovered by invalids from Charleston, South Carolina, and that the place was first introduced to the notice of Northern invalids about 1845. In the winter of 1871 and 1872, the number of visitors exceeded sixteen hundred, and they are yearly on the increase. The pamphlet then goes on to say that temperature, equability, dryness or humidity, elevation, prevailing winds, and purity of atmosphere, all have to do with our considerations of a place, when we contemplate sending a consumptive patient there. With all this we fully agree, but when it comes to constructing a crown out of the most favorable of these conditions, and placing it on the brow of Aiken, then we protest.

December, January, February, and March constitute about all the months that the climate of Aiken can claim any superiority over any other place. For a period of eleven years, 1860–1870 inclusive, the mean temperature for January was 47.05; February, 48.29; March, 53.29, and December, 45.62° Fahr. Leaving out the exceptionally high temperature in Jan-

uary, 1869, the mean average, for ten years, for this month is reduced to 45.15, and February and March each lose a degree by similar procedure. As far as average temperature alone, then, is concerned, Aiken shows what might be called a sample of good, intermediate climate; but when we come to the daily variations of temperature, then we have to stop and shake our head dubiously. The highest temperature at 2 P. M., for eleven years, 1860 to 1870 inclusive, averaged for December, January, February, and March respectively, 75, 77, 78, and 84°, Fahrenheit. The minimum temperature for the same months, taken at 7 A. M., or 9 P.M., averaged 10, 12, 15, and 23°, Fahrenheit, respectively. Here is a sufficiency of daily variation to please the most ardent lover of change—Fuller, for instance—but that it can be of any benefit to the invalid is at present beyond our ken.

The dryness of Aiken depends largely upon the direction of the wind. It has a large annual rain fall, the yearly average for a period of eleven years being about forty-seven inches. In the years 1862, 1863, 1864, 1865, 1867, and 1868 it was 55.39, 56.49, 51.38, 54.71, 56.34, and 50.55 inches respectively. About one-third the rain falls during December, January, February, and March. As before remarked, the soil is porous, the town situated on a ridge, and this large rain-fall speedily runs off. But when you get a temperature of 45° Fahr. and under, with the prevalence of a northeast or easterly wind, you will have in Aiken about as chilling, uncomfortable, and treacherous a climate as you would find at Norfolk or Charleston. That such winds do sometimes prevail I can bear testimony during my two months at Aiken, and I was there during a "crack" season, for rarely has either North or South experienced a more open winter than that of 1875-6. The prevailing winds, however, at Aiken, are from the southwest. These are fairly warm and dry, and to them Aiken is largely indebted for its climatic reputation. The claim that Aiken lays to elevation as a constituent good of its climate is without warrant. For a considerable distance back of Charleston the land is flat. Finally it commences a gradual ascent, which terminates on the ridge upon which Aiken is built. This ridge is only five or six hundred feet above sea level, a height entering into the mind of no writer who treats of elevation as a means of cure in consumption. Elevation in such cases means a mountain plateau or crest, and from fifteen hundred to five thousand feet are the figures aimed at. The plateau of the Adirondacks, the high lands of Colorado, Peru, and Algeria are elevated in the climatic sense of the word. Aiken's claim to elevation is like a comparison between the ordinary composition of a schoolboy and one of Macaulay's finished essays.

Finally, although its hotels and boarding houses are well built and widely separated, yet an immense number of invalids congregate in the place. When they are within doors on bad days and in the evenings, the air is none of the best.

It was my experience of Aiken, that consumptive invalids did well there for about a month or six weeks and then relapsed. It is a good place to send a man who contracts bronchitis or has symptoms of lung deposit coming on, late in the winter. March can be agreeably spent there. It is too hot for the majority of invalids to remain after middle April. They had better then commence a slow return North, reaching their respective destinations in latter May. December and part of January in Aiken, the remainder of January and February in Florida, and return to Aiken for March, is a better general programme for the invalid than continuous residence for the winter in either one or the other of these places.

An invalid coming north from Aiken, may halt at Augusta, Columbia, Charlotte, Greensboro, Raleigh, Richmond, and Washington. May is a delightful month in the National Capitol. Or, from Augusta one may go to Atlanta, and make a delightful detour by Chattanooga. It would hardly be wise to go from Aiken to Charleston, and come directly to Philadelphia or New York by steamer.

"We too often see our Northern friends, after improving during the winter, and attaining a certain degree of health, return home for the summer. The next winter they come back to us a little lower in health than when they first came. This process is repeated several times, and then we either hear of them no more, or that we will not see them again, thus proving that a Northern summer does not possess the virtues of a Southern climate."

This paragraph is quoted from our Aiken pamphlet. I do not believe one Northern consumptive in ten thousand would be benefited by remaining in Aiken during the hot summer months. It might be otherwise with patients from the same malady, born and bred in the South. A hardy, northern workingman, who had been employed in Aiken during the summer, told me that all he could do from 10 A. M. until 4 P. M., was to breathe. The heat made work impossible.

Adirondack Mountains, December 7th, 1876.

Pyemia.

ED. MED. AND SURG. REPORTER:—

In the MEDICAL AND SURGICAL REPORTER for Nov. 25th and Dec. 9th, two cases of purulent pleuritis are reported, in which, it seems to me, the medical attendants were over careful. They used an aspirator and resorted to various means, especially Dr. Cuyler, to prevent air from entering the pleural cavity. He also quotes Dr. Hill as saying there is no danger from hemorrhage.

Now, to my case. March 4th, 1873, was called to see John Wall, farmer, aged 33. Had been sick ten days under the care of an eclectic know-nothing, who said he had the distemper. There was effusion over almost the

entire right lung; great oppression in breathing, and a troublesome cough. On the 15th there was a slight bulging between the second and third ribs, and on the 16th he was expectorating pus; I lanced the point between the second and third ribs, when five pints of pus was discharged. I inserted a tent, and ordered it removed twice a day, so as to empty out the pus. On the 20th there was a softened tumor above the clavicle; I lanced it and found it contained pus; inserted a tent, and it discharged for near two weeks. I was planning to inject the cavity, when on the 25th there appeared a slight bulging just in front of the joint of the shoulder blade between the sixth and seventh ribs. I had had such good success in finding pus, that I boldly stuck a thumb lance into it one-half inch and found no pus, but found blood, and plenty of it. You can imagine my feelings, nine miles from home, snowing and blowing, and all the astringents I had with me were pocket case vials full of tannin and acetate of lead. I used these, with snow, cobwebs, puff balls, and part of a side of sole leather scraped and held by my hands against the wound, to keep up firm and steady pressure, when in about four hours I was successful in controlling the hemorrhage (catch me do the like again without a full line of hemostatics at hand). I directed a poultice to be applied next day. The second day pus commenced to be discharged freely. There were now a couple of days that the three openings discharged; then the upper opening healed first. In two weeks the first opening healed up, and in five weeks from the first lancing all discharge ceased. The man now lives in Cedar Rapids, Iowa, a strong robust fellow. H. W. Sigworth, M. D.

Waubeek, Linn Co., Iowa, Dec., 29th, 1876.

Hospital and Private Practice.

Ed. Med. and Surg. Reporter:—

It is a great misfortune that nearly all the maxims of our profession, and the rules of treatment, so far as we have rules, are deductions and generalizations from observations made in large Metropolitan Hospitals. Now the large cities embrace but a small portion of the inhabitants of our country, and the patients who are taken to large hospitals for treatment comprise but a small portion of these. They come generally from the slums and dirty alleys of a large city, poorly clad, poorly fed, poorly lodged, in badly ventilated houses. As a consequence both the muscular and nerve fibre are at the minimum of volume and contractile power. It would not be at all surprising if a large proportion of such patients admitted to a hospital would do well under a tonic or even a vigorous stimulating treatment, as to food and medication.

In the rural districts we have a population for the most part differing widely from those who find their way into large city hospitals. They are well fed, well clad, well housed, and for the most part are engaged in healthful labor in the open air. What folly to suppose that the same type of disease developed under such diverse circumstances should be subejcted to the same rules of treatment.

The foregoing has been suggested by a somewhat careful reading of Juergensen's contribution to Ziemssen's Cyclopedia on Pneumonia. I was much pleased with what he says on page 18 as to the fallacy of hospital reports, but unfortunately (like the old elder's text), it was heard of no more after its announcement. It may be that his cases were properly treated, notwithstanding his report shows a frightful mortality; but what I specially object to is the framing from such data, and German metaphysics, a set of rules for the treatment of pneumonia. A man may state a particular case of pneumonia and truly say that the physician who would bleed it is an ignoramus, and yet to say that phlebotomy is never proper in pneumonia displays just as much want of intelligence as he who says it should be used in every case.

Juergensen's sneer at the "antiphlogistic treatment," so called, is ill timed and in bad taste. Bloodletting and mercury will be used in the treatment of pneumonia long after Juergensen and his ephemeral writings have been forgotten. It is to be hoped that there will be a rational use made of venesection, and that it will take its proper place and stay there for all time.

Now, Mr. Editor, I am an old subscriber and a close reader of your excellent journal, and would respectfully suggest that the writer of case 3 on page 531 in your last number (Dec. 23), should investigate the subject of phlebotomy. I have been looking long and anxiously for an extended review of Juergensen's article on pneumonia, but so far nothing has appeared worthy the name. S. M. Hamilton, M. D.

Monmouth, Warren Co., Illinois.

Chlorate of Potash and Mercurials.

Ed. Med. and Surg. Reporter:—

I notice Dr. J. L. Morrow, of Pittsburg, Pa., asks for information with reference to the use of chlorate of potash with mercurials. Twenty years ago I noticed that bicarbonate of soda combined with calomel and other mercurials prevented salivation; also in a severe case of salivation, if the soda was freely given it quickly cured it. If in a given case I desired to slightly touch the "gums," as we used to call it, as soon as accomplished, I gave soda freely, and three or four days would suffice to remove all trace of mercurial odor.

In after years when chlorate of potash came into general use, my experience satisfied me that it was equally as efficacious as the soda in preventing salivation and also in curing it.

I have been practicing medicine over thirty years, and am now and have been using mercurials as freely as when I commenced, and have never had a severe case of salivation since combining soda or chlorate of potash with them.

It would appear that the alkali and mercurial were incompatible, but facts in medicine are stubborn things. C. V. MOORE, M. D.
Stillwater, N. Y.

News and Miscellany.

Corrections.

The omission of the little word "not," in our last number, p. 22, col. 1, line 23, made us give this city a bad name for diphtheria. The context, however, suggests the correction.

A Singular Case.

The San Francisco *Chronicle*, of recent date, details the following curious case:—

"The post-mortem examination held on the body of the Chinaman lately shot by three assassins furnished a case of extraordinary interest to surgical men, and one which will undoubtedly receive more than usual attention from surgical journals. One of the three shots which entered the body struck the back near the waist, and passed completely through the body. At the autopsy it was discovered that the ball had cut the spinal cord in twain, and a particle of the clothing of the murdered Chinaman was found imbedded in the spinal cord. It has long been established that whenever the spinal cord is harmed in the slightest degree paralysis ensues, but singularly enough, the wounded Chinaman, within a few days after he was shot, was walking around the prison hospital without the slightest difficulty. He was removed from the hospital by his friends, however, and died on the following day."

Personal.

—Dr. Joseph Carson, an eminent physician of this city, died Dec. 30th, aged sixty-eight years. He was for many years the Professor of Materia Medica in the University of Pennsylvania, which position he resigned last spring in consequence of impaired health. For many years he was Vice-president of the Pennsylvania Historical Society, and was identified with many scientific associations. He was a man of great mental and pleasing social qualities, and was highly respected.

—We have to announce the election of Dr. J. T. Rothrock to the chair of Professor of Botany in the Auxiliary Faculty of Medicine of the University of Pennsylvania, the vacancy occurring by the election of Dr. H. T. Wood to the chair of Materia Medica. The selection of Dr. Rothrock will commend itself to every student of botany in the United States, as there is probably not a man of his years who has done so much for that science, nor one better able to impart to others the enthusiasm he himself feels in its pursuit.

—Among those killed at the frightful railroad accident, at Ashtabula, Ohio, was Dr. A. W. Hopkins, Hartford Four Corners, Vermont.

—Mr. William Harvey, an eminent London surgeon, died last month, aged seventy years. He was a prolific writer on medical subjects. It was he who first suggested to Mr. Banting what has since been so widely known as the "Banting System" of reducing obesity.

Items.

—The total mortality of Providence, R. I., for the year 1876, was 1862. We find, therefore, that the rate for the year 1876, with a population of 101,500 in the middle of the year, was only one death in 54.5, or 18.3 in each 1000 of the population.

—Dr. John Hamilton, of Oxford street, London, was recently charged, by the Medical Defence Association, with having unlawfully practiced as a doctor of medicine, his diploma being American, and consequently useless in England. The magistrate, after consideration, thought differently, and dismissed the charge.

—Cremation grows in favor slowly but surely. A citizen of Wheeling, has just ordered, in his will, that his body shall be sent to Washington, Pa., and burned, as was that of Baron Von Palm. We also hear of similar arrangements in other directions.

QUERIES AND REPLIES.

Chronic Diarrhœa.

Dr. J. B. Garrison, of Arkansas, writes:—
I would suggest a *milk diet* and the following,

R.	Potassæ chloratis pulv.,	drachm ij
	Zinci sulph.,	gr. xvj
	Acid. carbolic. crys.,	drachm j
	Glycerini pur.,	ounce j
	Aq. camphoræ,	ounce iij
	Aq. fontis,	ounce xij. M.

For one enema.

Sig.—To be used night and morning, for one week; then omit all medication for a week, at the expiration of which time repeat, if necessary, and every alternate week, until a cure is effected.

Dr. J. H., of Ohio.—For Crede's method of managing the placenta, see the REPORTER, Vol. xxx, p. 442.

Dr. Q., of Iowa.—In case of an injury to a joint, or near it, whether the physician gives timely notice of possible anchylosis or not, should that result supervene, he cannot be held liable, provided he can show that he has used due diligence, and that the treatment has been that of an intelligent surgeon.

Dr. S. K., of Iowa.—In reply to your inquiry about the morphine habit, see the last number of the REPORTER, p. 17.

DEATHS.

JONES.—At Wixom, Oakland Co., Michigan, October 27th, 1876, Emma L., wife of Dr. S. L. Jones, in her thirty-sixth year.

RUBEY.—At Union City, Indiana, December 17th, 1876, Dr. James Rubey, in the seventieth year of his age.

DR. TAYLERSON, Medical Officer of Health for Whitby, on presenting his report on the health of the district for the past quarter to his Board, said he had been asked by the Registrar-General how he accounted for the great decrease in the death-rate of the town of late years. He had replied that it was not owing to the carrying out of any elaborate and costly system of drainage, but was consequent on the almost unlimited supply of pure water, supplied by the Whitby Waterworks Company, and the greater cleanliness of the people.

The undersigned respectfully anno
furnishing Vaccine *at his residence.*

Physicians can obtain the *Anim* [walls]

SCHOOL HYGIENE.—The Medico-Legal Society of New York, adopted recommendations of their Committee on School Hygiene as follows :—That the minimum age of admission to public schools be six years, instead of four; that the maximum attendance at school for children under eight years of age be made three hours per day, with suitable intermission; that provision be made by law for for medical inspection and supervision of schools, to secure the enforcement of sanitary laws; that large play-grounds should be furnished for the children; and that the schools should be built where adequate space is to be had to ensure light, ventilation, and play ground.—*Canada Lancet.*

For ordinary use, ***Quill Slips*** one, and in cases of failure with them of their issue, and strictly in accordanc *time kept cool and dry*, a second supply

Tubes are intended chiefly fo preserved for a considerable length of to quill slips.

Crusts are not recommended, fresh, and however well formed they ma

of one of the wards of the St. Antoine Hospital to be wa found globules of pus in the water squeezed out of the spo in 1860, M. Chalvet attributed to the presence of a micros alga of the genus *Palmella* the blue colour that is often obs in the vicinity of wounds; and in 1861, Dr. Elisel, of Pr having placed between two beds, in a ward in which were th three children suffering from purulent ophthalmia, an in ment analogous to Pouchet's aëroscope, found, amon atmospheric corpuscles collected on the glass plate sm with glycerine, pus globules, which were perfectly we fined. Lately, M. Nepveu, head of the laboratory at La has presented an account of his researches in this directi the Biological Society. A square metre of one of the su wards having been washed for the first time in two year liquid pressed from the sponge was carefully examined i diately afterwards. It was found to contain microco great numbers (fifty or sixty in the field of the micros some microbacteria, a small number of epithelial cells, pus globules and red globules, and some irregular black n and ovoid bodies of an unknown nature. Every preca was taken to prevent error, the sponge being new, an viously washed in distilled water. These facts give som of the elements constituting what has been called "noso poison," and enable us to see how the germs of a great nu of diseases exist in the air of hospitals, and render liable to become centres of infection. Although in a degree, the same conditions may prevail in civil pr especially in winter, when patients are long confined t surrounded by curtains and insufficiently ventilated.— *Med.*, April 14.-77

New York.

irface, at square-cut end), 25cts.
. . . . . $2.00.

BIOLOGY AND THE GERM THEORY.

IN a recent lecture on Biology, Professor Huxley instanced the germ theory of disease as an illustration of the value of biological study. He said, 'There was little doubt now that infectious diseases were caused by living organisms, and if that should prove well founded it must needs lead to the most important practical measures in dealing with those most terrible of visitations. It might be well for the general public, as well as for the professional public, to have a sufficient knowledge of these matters to be able to take a rational interest in the discussion of such measures.

CASWELI

This Vaccine can be obtaine

Messrs. H. C. BLAIR'S SO

The practical foundation of culture and virtue is food, goo and abundant. A family half starved or improperly fed for few generations, cannot produce vigorous brains. Whateve vigor they have goes to the reproductive organs—*Medical an Surgical Reporter.*

PORTABL

The Physician — "Onward he steps; disease and death retire, And murmuring demons hate him and admire."

For Physicians and Surgeons.

Salt Pork & Ulcers. — J. H. Morton L.R.C.P. &c. Ed. writes to the Lancet in reference to certain fungoid and bleeding ulcers which he has been called upon to treat, and which he suggests may have been caused by the large quantity of salt pork eaten at the

GRIMAULT & CO.'S PHARMACEUTICAL PRODUCTS

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In Solution, Syrup or Sugar-Coated Pills.

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A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

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Prepared from the Resin of Cannabis Indica.

ASTHMA, BRONCHITIS, LOSS OF VOICE, and other affections of the respiratory organs, are promptly cured or relieved by the use of these cigarettes.

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Prepared from the Paullinia Sorbilis of Brazil. It is a sovereign remedy in *Headache, Neuralgia* and *Diarrhœa.*

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A new preparation of the leaves of Matico, of more certain effect than most of the medicines recommended for the same class of diseases. The capsules contain the essential oil of Matico, combined with the balsam of Copaiba, and do not cause any unpleasant eructations. The injection is prepared with distilled water saturated with Matico.

Digestive Lozenges and Powders of the Alkaline Lactates.

(SODA AND MAGNESIA).

Of BURIN Du BUISSON.

The researches of DR. PETREQUIN, Prof. at the School of Medicine of Lyons, aided by MR. BURIN DU BUISSON, the eminent chemist, have established beyond a doubt the *special Adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach.* They are more certain and less irritating than Calcined Magnesia, or preparations having *Charcoal, Bismuth,* or *bicarb. of Soda* for their basis.

DIGESTIVE LOZENGES and POWDERS of the ALKALINE LACTATES with PEPSINE.

These are prescribed in certain cases when the digestive powers are deranged, weakened, or null.

Ferro-Manganic Preparations of Burin Du Buisson.

The superiority of *combinations of Salts of Iron and Manganese* over those of *Iron* have been fully established by the experiments of Dr. Petrequin. The following *Ferro-Manganic preparations,* approved by the Imperial Academy of Medicine, of Paris, have been originated by Mr. Burin Du Buisson in accordance with these experiments, and are confidently recommended to the medical profession, as replacing advantageously all medicines having iron as their base, especially in *chloranæmia, chlorosis, and all affections caused by the poverty of the blood:—*

Ferro-Manganic Powder, for effervescing water.
Carbonate of Iron and Manganese Pills.
Syrup of the lactate of iron and manganese.
Dragees of the lactate of iron and manganese.
Syrup of the proto-iodide of iron and manganese.
Pills and Dragees of the proto-iodide of iron and Manganese.
Manganesic Iron reduced by hydrogen.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE TREATMENT OF CHANCRES.

BY DR. WILLIAM G. PORTER.

Read at a Conversational Meeting of the Philadelphia County Medical Society, held November 22d, 1876.

By the word chancre, as used in this paper, we desire to be understood the initial lesion of syphilis, the first local sign of a constitutional disease whose influence may affect the health and blight the happiness, not only of individuals but of generations.

And first, without discussing the theories of unity and duality, or investigating any of the vexed questions of this disorder, let us ask ourselves, is it a clinical fact that any one symptom or group of symptoms is uniformly or almost uniformly followed by what are generally considered to be the symptoms of constitutional syphilis.

It is not many years since all ulcers not herpetic or traumatic, occurring on the generative organs, and even gonorrhœa, were considered to be syphilitic, and were treated by the internal administration of mercury, and that in very large doses, when no constitutional manifestations followed; this good effect was ascribed solely to the heroic treatment which the patient had undergone. But clinical experience in cases which had never been treated at all soon proved to the close observer that many ulcers on the genitals, undoubtedly of venereal origin, were merely local in their effects, and were not followed by constitutional contamination. Continued experience and renewed investigation, with the effects of artificial inoculation, have proved that one variety of sore is almost certainly followed by constitutional manifestations. To this variety the names of chancre, hard sore, infecting chancre, and initial lesion of syphilis, have been given. Let us investigate briefly its history and appearance.

It is always due to contagion from the secretion of a chancre, syphilitic lesion, or from the blood of a person affected with syphilis. It makes its appearance at a period varying from ten days to six weeks, usually, however, from two to three weeks, after the suspicious intercourse or other means of inoculation. It presents itself in three forms: First, in that of a cup-shaped cavity or ulcer on an indurated base. Second, in that of a shallow abrasion or excoriation, commonly of an ash-gray or livid color, also on an indurated base; and Third (very rarely), in that of a deposit of well-defined induration on unbroken skin; from the two former a serous ichor exudes; from the last there is no moisture, because there is no ulceration. This induration may appear with the chancre or affect the sore at a varying period after its first appearance. It is almost always present during the first week, and Bumstead says that if it does not appear by the third week he should regard his patient as safe. It is firm, cartilaginous, circumscribed, movable upon the neighboring tissues, terminating abruptly, not shading off into the parts around, almost insensitive to pressure, movable on the parts beneath the skin, and not adherent to the latter. Sometimes it is thin, resembling a layer of parchment, or again, annular, and is generally persistent for weeks or months.

The secretion is scanty and serous, not forming pus unless irritated or inflamed. This secretion is inoculated on the patient himself with extreme difficulty, unless the sore has been sufficiently irritated to make it secrete a thick pus. It has never been inoculated on the inferior animals with success. There is generally but one sore; if there is more than one, they appear simultaneously, or almost simultaneously, and not by inoculation from the first one.

The sore is most generally superficial, "scooped-out," flat, or elevated above the surface; rarely deep, and then cup-shaped, sloping toward the centre. The edges are sloping, flat and adherent, sometimes prominently elevated. The floor is red, livid, or copper-colored, often iridescent, and sometimes covered by a false membrane, scaly exfoliation, or scabs. The sore is so little painful as often to pass unnoticed. It is rarely attacked by phagedæna. Generally with the appearance of induration about the base of the chancre, or if not, a very short time afterward, if the chancre is situated on the penis, the glands in one or both groins enlarge and become indurated. This, like the induration of the chancre itself, is unaccompanied by the ordinary symptoms of inflammation, and is so insidious and painless as very rarely to attract the attention of the ordinary patient until it is demonstrated to him by the physician. The glands are hard, painless, even on manipulation, enlarged, and give to the fingers the same sense of induration as the base of the chancre; the skin is movable over them and can be pinched up. Generally several of the glands are enlarged, but one or two of them more prominently so than the others. As there are no symptoms of inflammation in the enlarged glands, so there is no tendency to suppuration, unless, in rare cases, from some extraneous cause; and if inflammation and suppuration should occur, the pus is not inoculable on the patient himself. This enlarged condition of the glands persists, as a rule, for weeks, and often for months.

If the patient is allowed to go without treatment, in a period varying from four weeks to six months, from the first appearance of the chancre, and almost always within three months, the so-called secondary symptoms of syphilis make their appearance.

During the interval between the appearance of the chancre and of secondary symptoms, the patient generally enjoys his usual health, until just before the advent of secondary symptoms, when he usually begins to complain of headache and pains in the limbs, which are worse at night. He looks ill; he is languid, and complains of feeling out of sorts; he loses flesh, and there is often marked anæmia. There is very apt to be loss of appetite, and other evidences of digestive disorder; very often there are febrile attacks occurring, particularly at night, and followed by profuse sweating in the morning. The intensity of these prodromata, and their persistence, varies exceedingly. In some cases they hardly exist at all, in others they are extremely severe. When they do exist, they are generally very rapidly followed by a swelling and engorgement of the lymphatic glands in different parts of the body. Almost any of the glands may be thus attacked, but those most prone to be affected are the posterior cervical glands which lie along the posterior border of the sterno-mastoid muscle, those on the back of the neck beneath the occiput, and one just behind the ear, above the mastoid process, also one situated above the inner condyle of the humerus, between the biceps and triceps muscles. These glands are not indurated, as those in the groin, but are free from all signs of inflammation, and are generally not sensitive to pressure. In health, these glands can with difficulty be detected by the touch, but when syphilitically enlarged, they can be readily felt, and in rare cases are so much enlarged as to attract the attention of the patient and his friends. This enlargement of the glands almost always terminates in resolution, slowly disappearing with the decline of the secondary stage.

Shortly after or coincident with the appearance of this glandular trouble, various other symptoms make their appearance, such as, a greater or less degree of alopecia (affecting particularly the hair of the head, eyebrows and eye-lashes), or jaundice; then follow various eruptions on the skin, which may be exanthematous, papular, pustular, vesicular, bullous or tubercular in character; and with them, condylomata, mucous patches, or ulcerations of the mucous membranes.

The intensity of these symptoms varies greatly in different cases, apparently depending on the constitutional peculiarities of the patient, and on the greater malignancy of the disease in some cases. In a fortunate few, even without treatment, the chancre may be followed by a slight rash, a mucous patch or two, and then

the patient may entirely escape subsequent manifestations. But too often this is not the case, and the patient is doomed to months, and even years of suffering.

The points on the evolution of the disease thus rapidly sketched, to which we desire to draw particular attention, are, 1. The fact that a period of weeks elapses between the inoculation of the disease, and the appearance of the chancre. 2. That the base of the sore is indurated. 3. That there is a peculiar painless enlargement, and induration of the glands in the groin. 4. That the sore does not secrete pus. 5. That it cannot be inoculated on the patient himself. 6. That the sore, as a rule, is single. 7. That an interval of weeks elapses between the appearance of the chancre and the evolution of the secondary symptoms.

And now let us ask, "what is the effect of treatment in modifying the appearance of these symptoms." Ricord and Sigmund used to teach that if the chancre was thoroughly destroyed within four or five days after its appearance, secondary symptoms would not appear, but this was before any distinction was made between the various venereal ulcers, and the statement is not now found to be warranted by the facts in our possession.

Hill relates the case of a man, who, in sexual intercourse, tore his frænum at 4 A. M. The wound bled freely; fearing possible infection he called on Hill during the same day, within twelve hours after the accident. To quiet his fears, although there was no lesion evident except the abrasion, Hill cauterized the surface freely, at once, with fuming nitric acid; the slough separated in due time, leaving a healthy surface, which cicatrized promptly. About one month afterward the scar indurated; it never ulcerated again, but the regular manifestations of true syphilis came on at the usual time. Many cases are recorded in which destructive cauterization within a few days, and even a few hours after the development of the chancre, has failed to avert constitutional syphilis.

Diday reports a case occurring in a patient who had watched himself with the greatest care, from day to day, and almost from hour to hour. The chancre was not developed until a month after the sexual act, but the abortive treatment was applied within six hours of its first appearance; the sore healed in the course of three days, but secondary symptoms appeared three months afterward.

Many more examples might be adduced, but these are sufficient for our purpose. And now, as the local treatment promises so little, is there any constitutional treatment which holds out more hope? Of the thousand and one remedies used in the treatment of syphilis, but one has stood the test of time—mercury, sometimes vaunted as a specific, again, accused of causing many of the later manifestations of syphilis; at times neglected, often improperly administered. It is considered by the large majority of the profession, to-day, as it has been for years, as their sheet anchor in the treatment of syphilis. What effect has it on the chancre?

The report of the committee appointed to inquire into the pathology and treatment of the venereal disease, with the view to diminish its injurious effects on the men of the British army and navy, before whom appeared the most prominent civil, military and naval surgeons of Great Britain, under the head of the Treatment of the Indurated Sore by Mercury, says, "The weight of evidence on this subject preponderates in favor of the advantage of mercurial treatment in postponing or modifying the severity of the constitutional disease."

Cullerier says: "When mercury is administered at the outset, before the appearance of secondary symptoms, it interferes with their regular evolution, and often retards, although it does not prevent their occurrence."

Bumstead says; "The chancre is decidedly under the influence of mercury * * * under the use of this mineral reparative action is speedily induced, and unless the ulcer be deep and extensive, or the system much depressed, complete cicatrization may be promised the patient in the course of from one to three weeks."

In the article on Syphilis, in Holmes' System of Surgery, Mr. Henry Lee, after speaking of the inutility of the local treatment of chancre, says: "A sustained, judicious and constitutional mode of treatment is the only one to be relied upon in the treatment of this disease."

Mr. Jonathan Hutchinson says, in a paper read before the Hunterian Society, in 1874, "I presume it may be taken as a fact which no one doubts, that mercury possesses a remarkable power over certain syphilitic manifestations. No one who can trust the evidence of his senses dares to disbelieve that mercury can make an indurated chancre melt away, or that

it can procure, with wonderful rapidity, the disappearance of many forms of secondary rash. If mercury be given when a chancre is just beginning to show specific induration, it almost invariably puts a stop to it.

"If mercury be given after a sore has attained its full development, it is more slow in proving its power, but scarcely less sure; no induration can resist it.

"If mercury be given to a patient who has an undoubted indurated chancre, but in whom, as yet, no other constitutional symptoms are present, there is a fair amount of hope that it will prevent their occurrence.

"In cases in which an indurated chancre is treated by mercury, if constitutional symptoms follow, this will usually be in ratio with the character of the treatment and with the early date at which it was begun.

"In cases in which no mercury is given the disease often rises to exceptional severity."

Van Buren and Keyes say: "No amount of cauterization nor any local treatment can prevent the development of general syphilis after the poison has been once absorbed, much less after the chancre has appeared. Cauterization often hastens the healing, but induration is liable to reappear and re-ulcerate, and nothing is gained to compensate for the pain of the operation; general syphilis is inevitable. Internal treatment of chancre is the same as for early syphilis, and treatment should be commenced in all cases where the diagnosis is undoubted. It has a marked beneficial effect upon the duration of the chancre. When there is the least shadow of a doubt, no mercury should on any account be administered until an eruption has cleared up the diagnosis.

At the present time, almost all of the modern authorities believe in mercury, as the remedy, in the treatment of syphilis; and although they acknowledge the effect which it has on the chancre, and in modifying and delaying the appearance of secondary symptoms, yet still they are not agreed as to the advisability of giving it on the appearance of the chancre.

Cullerier says, "I do not treat chancres with mercury for the following reasons: When mercury is administered at the outset, before the appearance of secondary symptoms, it interferes with their regular evolution, and often retards, although it does not prevent, their occurrence; they still appear sooner or later. I know that the question will be asked, whether these symptoms will not be more serious if we remain inactive? and it is this fear that has led to the use of mercurial treatment as soon as induration is clearly established. I followed this practice myself, for a long time, and it was only because I often saw very slight secondary symptoms in persons who had taken no mercury, and the same symptoms very intense and very persistent in patients who had been mercurialized for their induration, that I was led to renounce the practice and to content myself with treating the induration locally. It is only when the disease has followed its natural course, and after the first appearance of so-called secondary symptoms on the skin and mucous membranes, that I now administer any internal treatment; and I find that when the use of mercury is thus deferred, it is more easily borne by the system, and that the disease is modified and palliated more rapidly and permanently; for mercury is not a preventive of syphilis, it only attacks its manifestations more powerfully than any other remedy."

Bumstead, after acknowledging, as before quoted, the marked effect of mercury on the chancre, says, "No course of mercury administered for a chancre, however thorough or prolonged, is likely to prevent the subsequent evolution of general manifestations. I make this statement confidently, as the result of my own experience and that of others. In the very many attempts that I have made, to subdue the disease during the existence of the initial lesion, and prior to the appearance of general manifestations, I have always failed. Moreover, although the use of mercury retards the appearance, and probably ameliorates the severity of secondary symptoms, yet it is a fact, attested by many observers, myself included, that those cases ultimately do best in which specific treatment is deferred until the secondary stage."

We have thus seen, that while the authors of the present day, on this subject, regard the chancre as the true initial lesion of syphilis, as the first local sign of a constitutional taint, not as a precursor of syphilis, but as syphilis, and believe that when a man has a chancre, such as has been described, his blood is poisoned, his constitution is infected just as much as though he had alopecia, lichen, iritis, or a gummy tumor, and although they all admit the effect of the internal administration of mercury on the chancre, yet because it does not entirely prevent the subsequent evolution of symptoms,

some, if not a majority of them, advise us not to give it, and recommend us to wait. Although syphilis without treatment may in rare cases be a slight and trivial disorder, we know that it is more generally the case that a patient who has contracted syphilis is apt to feel the consequences of it for months and years. Have we any right to expect, then, that a treatment lasting only a few weeks will eradicate so serious a disorder; and have we not reason to be thankful if treatment will modify and postpone the symptoms of such a disease; and if we can accomplish this much, may we not hope, by a steady, persistent and continuous treatment, in time to cure? We no longer administer mercury as was once done, in poisonous doses. Salivation is a thing of the past By properly regulating the dose to the individual, we may administer mercury continuously for months, and even years, without the slightest discomfort or inconvenience, even without the knowledge of the patient and with the happiest effects: as Barton, of Dublin, very well puts it, "Iritis, no doubt, has frequently appeared while the system was under the influence of mercury, and the second eye has been attacked while salivation brought on in the treatment of the first was fully maintained; but salivation—that is the poisonous effects of mercury upon the system—is a very different thing from the effects produced by the same medicine when so given as to act entirely upon the disease.

Acting on these principles for several years, it has been my practice, as soon as a patient applied to me with a sore on his penis, having the history of a well marked incubation, and presenting the characters before described, unless some exceedingly strong contra-indication existed, to place him at once on mercurial treatment, watching carefully the effects, avoiding any action on the gums or bowels, combining this, if necessary, with a tonic treatment; regulating the patient's mode of life; keeping him under close observation; sometimes increasing, sometimes diminishing the dose; under certain circumstances suspending it altogether; and my experience has been that if the chancre is seen at once, and the treatment instituted without delay, in a few cases the patient will altogether escape subsequent manifestations, and in others the secondary symptoms will be exceedingly mild, the patient often escaping the various eruptions, perhaps only being troubled with the glandular enlargements previously noticed, a slight pharyngitis, or an occasional ulceration of the lips or tongue.

The treatment is always continued until all traces of induration in the chancre and the enlarged glands has disappeared. If no other symptoms manifest themselves, the treatment is continued for some weeks, then intermitted for a week or ten days, and then resumed; it is continued in this way for several weeks, and is then discontinued for a longer interval, and so on, gradually diminishing the intervals of treatment, and increasing the intervals of rest, until a year or more has been passed. The rule always being to continue the treatment for a considerable period after the disappearance of syphilitic symptoms.

TENOTOMY OF THE TENSOR-TYMPANI.

BY LAURENCE TURNBULL, M. D.,

Surgeon to the Department of Diseases of the Eye and Ear, Howard Hospital, Philadelphia.

Having at various times published in the Reporter the progress made in this operation, I deem it my duty, as I have at times written favorably in regard to its performance, to give the views of others who have performed it, but without success.

I do not agree with Dr. H. Schwartze* in his views that the good results obtained were due to the incision in the membrana tympani. In most of my cases I incised the membrana tympani before I resorted to the operation under consideration. The translation of two short articles† upon the subject, with an account of the modifications of the instruments employed, we trust, with the carefully made experiments of Dr. Hartman and Professor Politzer, will yield still better results than those previously obtained.

Dr. Essell's‡ wonderful experiments upon the lower animals, such as dividing the ossicular joints, tearing away the stapes and allowing the escape of the endolymph with impunity, so far as risk or injury to the brain is concerned, will give us more freedom in cutting the tendon of the tensor muscle of the membrana tympani, whilst operating for the relief of tinnitus depending upon *pressure*.

It is now stated in most of the works on diseases of the ear, that chronic affections of

* Archiv. für Ohrenheilkunde, Juli, 1876, p. 124.

† Ibid p. 127.

‡ Archiv. für Ohrenheilkunde, No. XVIII, Leipzig September, 1876.

the labyrinth are hopeless if this operation will not afford relief. Electricity, strychnia and various other remedies have been tried, but have accomplished but very little.

In cases numbers six and eleven, (Tinnitus Aurium, L. Turnbull, Phila., 1875) already reported, the diagnoses were, "Chronic Disease of the Labyrinth and Auditory Nerve;" the operation of tenotomy was performed in both instances. The hearing distance was improved, and the tinnitus lessened in number six, and in number eleven the tinnitus, with distressing vertigo, was relieved by the operation, and in both cases we have recently heard from the patients, who report continued improvement.

In a recent paper, by Dr. Schwartze, he writes as follows:—

The remark of Dr. Kessel, in the Otological Section of the "Naturf. Versammlung," in Gratz, 1875, made during the discussion of tenotomy of the tensor tympani (see A. F. O., x., p. 269), induced the writer to state that, from operations on fresh temporal bones, which he is accustomed to make each term, before his scholars, and from a long list of tenotomies on the living, done by him in the past twelve years, he has become convinced of the practical utility of a very simple tenotome (see Fig. 1). A separate instrument is required for each side. The writer has therewith always performed this little operation, and particularly when the auditory canal is large, without chloroform or fixation of the head. He first makes an incision, with the paracentesis needle, behind the upper end of the handle of the hammer and short process, and then introduces the tenotome into the cavity of the tympanum, with the bent point upward, and in a direction toward the tegmen tympani, and afterward turns it at right angles, so that the edge lies over the tendon. This is then divided, by a sawing motion, without, however, the exertion of much pressure.

Fig. 1.

Immediately after the cutting, he can generally see (unless the membrana tympani is very opaque) the accumulation of blood behind the membrane; this, however, becoming absorbed in a few weeks. *He has never, in any case operated on by him, been able to bring about a permanently favorable result.*

On this account he has hitherto never considered it necessary to make any statement with reference to his tenotomy experience, and the more so, as the same negative results have manifested themselves in the practice of other men, with the exception, perhaps, of a single case (of Otto) from the practice of Dr. Trautmann, in which, however, it remained doubtful if the result was not due to the incision in the membrana tympani alone, or to the resulting cicatrix of two mm. in breadth.

While from the writer's own experience he cannot report any detrimental results of the operation, still, such have been made known to him through a highly respected colleague, viz: violent inflammation, extending itself from middle ear to labyrinth, with extensive impairment of the hearing, and an aggravation of the subjective noises. The reason of the failure lies, doubtless, as Magnus has suggested, in the existence of other pathological changes in the middle ear. Beside the thickening of the membrane, synostosis of the stapes, and oval window, thickening of membrane of round window, probably one of the most frequent is adhesive processes in the drum—string-like membranous synechiæ, which may not only bind down the tendon of the tensor, but affect the ossicular and opposite wall of the tympanum.

He does not wish herewith to place in doubt the favorable cases of Gruber and others (see A. F. O., vi, p. 283), but thinks their success can be explained by the operation on the membrane, which preceded the tenotomy.

He does not believe the complete division of the tendon is destined to have a brilliant future; in fact, in many cases, it will be productive of harm; he believes, however, that the idea imparted to him by Tröltsch, in a recent letter, of a partial division of the tendon, will be productive of more good results. In order to accomplish such a division, the incision would have to be made from below upward, and the knife introduced in front of the handle of the hammer.

Dr. Hartmann believes that the disrepute into which the tenotomy of the tensor tympani has of late fallen, is due partly to failure in the operation or incomplete division of the tendon. In his operations on the cadaver, he first cut from the posterior segment, with the Gruber tenotome, and succeeded in dividing the tendon but six times out of thirteen cases. Believing

that the failure was because he did not reach high enough for the tendon, he had the blade curved on the edge and more on the flat, in order to strike the incus less lightly, and to avoid with more certainty the chorda tympani. With this instrument he succeeded, in the next twenty-two cases, in dividing the tendon seventeen times. Again, he succeeded, in company with Prof. Politzer, in cutting the tendon five times out of six, the sixth time the tendon being only cut into. To make himself certain of the relationship of the upper wall of the auditory canal, he made punctures through the membrane with a common needle, as high as possible, passing the needle along the upper wall of the canal. He found that, almost without exception, the tendon lay above the needle, and in one instance, 1 mm. from it. He thinks, on this account, that a sabre-like curve to the needle is very necessary for the certain division of the tendon. An attempt to divide the tendon from the anterior segment failed in every case, even when the needle was given the above curve. This is explained by the following conditions. The membrana tympani lies in a horizontal section through the external canal, at an angle of about 140° with its central axis. The tensor tympani runs generally at right angles to the surface of the membrana tympani (Helmholtz). Hence, an instrument which is to cut the tendon from the anterior segment, must have a curve of at least one-half to the right. As the Gruber instrument does not possess this, it cannot do the work. With the complicated instrument of Weber-Liel, there is too much danger of injury to the hammer and the malleo-incus joint. Taking these points into consideration, he operated on a patient given him by Politzer, from the posterior segment, with an instrument curved slightly on the flat (Fig. 2) surface, 2 mm. wide, and so sabre-like curved, that, holding it in the position for operation, the point will rise above the upper edge about 1 mm. An instrument is required for each side and fitted in a handle (Fig. 2).

Fig. 2.

For the operation, puncture, 1–1½ mm. behind the handle of the hammer, just below the level of the short process; push the instrument, with the handle slightly elevated, to the middle of the cutting part of the blade, at the same time keeping the handle close to the posterior wall of the canal. Now the handle is lowered, the instrument slowly drawn back, and at the close the handle is again elevated. In this way, the tendon is cut from below, in a direction from front to back, avoiding the inner extremity of the upper wall of the passage and the neck of the hammer which lies close to it. In performing this operation, we have to avoid puncturing too close to the hammer, for fear of striking it on the other side of the membrane. After passing the knife about 3 mm. into the tympanum, the handle is moved to the posterior wall of the canal, to avoid the promontory; the chorda-tympani was, in several cases, not touched, nor was the long leg of the incus.

He claims the following advantages:—

1. Simplicity and ease of performance, owing to the very slight change in the position of the knife after entering.

2. The instrument having a gradual curve, is not so liable to injure the parts, in case of sudden inadvertent motions, as those with sharp angles.

3. The operation can be done without confining the head, and thus rids the patients of their greatest dread.

4. As the cutting is done by a drawing motion, and not by pressure, lacerations of the membrana tympani and ossiculi are more easily avoided.

He is of the opinion that we can only judge of the importance of tenotomy by excluding the influence of other factors which come into play in the performance of the operation. He refers here, particularly, to the paracentesis of the membrana tympani, and in the posterior operation, to the division of the posterior fold. He thinks, before tenotomy is attempted in any case, the paracentesis, or division of the posterior fold should be tried.

In his case reported above, the division of the fold caused improvement, which was, however, not increased by the tenotomy which followed.

January 10, 1877, 1502 *Walnut street.*

—We have on hand, and shall shortly publish, a paper by Professor William Goodell, M.D., on "The Radical Treatment of Uterine Cancer;" also a Collection of Prescriptions for Diseases of the Nervous System, selected by Dr. C. C. Vanderbeck.

ASTHENIC PNEUMONIA.

Read before the Clinical Society of Baltimore,

BY PROF. A. B. ARNOLD, M. D.,

Of Baltimore, Md.

During the seven months dating from December 1st, 1875, to July 1st, 1876, I attended twenty-eight cases of primary pneumonia, of which two died, the rate of mortality being, therefore, about seven per cent. From these statistics I have excluded all cases of secondary pneumonia, which principally occurred as a complication in measles and pertussis. The list was further reduced by omitting cases of terminal pneumonia, or that form which is frequently observed to hasten the fatal termination of cachectic conditions, as cancer, tuberculosis, Bright's disease, etc.

The clinical history of all these cases of primary pneumonia presented the usual features of this disease. With the exception of three of the cases, the treatment was mainly expectant; and in view of the very moderate proportion of deaths, some support is lent to the opinion held by the majority of practitioners of the present day, that uncomplicated acute pneumonia has a natural tendency to recovery. But a certain type of this disease, which I shall presently illustrate by the relation of a few cases, offers many characteristics that deviate considerably from the course and symptoms of an ordinary case of pneumonia. Perhaps the discrepancy in reference to the change of the type of inflammatory disorders and the modification of treatment in accordance with the belief of such a change, may be due to the variable proportion of sthenic and asthenic cases of pneumonia which are observed in certain localities and at certain periods.

Case 1.—H. S., a ship carpenter, twenty-seven years of age; had always enjoyed good health, and had worked at his trade for the last two years preceding his illness. He began to complain of a feeling of languor, headache, sleeplessness, pain in the limbs, anorexia and increased thirst. Three days afterward he had repeated slight chills, which were succeeded by some febrile symptoms that obliged him to take to his bed.

His condition when I first saw him was as follows: the pulse, temperature, and respiration greatly increased; a short cough, but no expectoration. He evidently suffered from great nervous prostration. On examining the chest nothing abnormal was discovered. Towards evening he complained of soreness of the right side of the thorax, and in the night active delirium came on. On the next day all the febrile symptoms were aggravated, the depression was very marked, and the face had a cyanotic flush. The tongue appeared red and dry, and dark sordes had gathered on the teeth and nostrils. Physical examination of the chest detected dullness over the right infra-clavicular region, and decided bronchial breathing over the same part. The cough was very troublesome, and brought up some whitish, viscid mucus, though later in the day the sputa assumed a hemorrhagic appearance. An icterode discoloration of the skin, and a slight diarrhœa developed subsequently. Muscular tremor, subsultus, muttering delirium, and coma, preceded death, which happened on the sixth day of the disease. A post-mortem was not permitted, which was the more to be regretted because I had failed to ascertain the extent of the splenic and hepatic dullness.

It will be observed that this case bears a striking resemblance to the history of an acute, infectious disorder. A prodromic stage had evidently existed; the usual initial rigor was wanting, and consolidation of the lung was much delayed. Besides, the adynamic or typhoid condition presented itself at an early date, and persisted throughout. All these features are not commonly observed in a primary croupous pneumonia. The treatment that suggested itself in a case of this order was supporting and stimulating, but the severity of the symptoms, and their tendency to a rapidly fatal termination, afforded little prospect for the successful use of therapeutic measures.

Epidemics of pneumonia, according to eminent authorities, exhibit an assemblage of symptoms and peculiarities of pathological changes which must be recognized as being essentially of an adynamic character. There is no reason to doubt that sporadic cases occur now and then, which present certain elements that cannot well be explained by the assumption of the local nature of primary acute pneumonia. But laying aside all theoretical considerations in connection with the pathology of croupous pneumonia, it is of practical importance to ascertain the conditions which invest this disease with an asthenic character. It is well known that pneumonia occurring in drunkards

is apt to lead to gangrene or to become typhoid in its character.

Laennec, in his classical description of the pneumonia of old people, or latent pneumonia, as he calls it, lays particular stress on the prominence of a low febrile condition which entirely masks the pulmonary symptoms. Low forms of pneumonia are indeed quite common in hospital practice, the class of patients which mostly resort to these institutions being especially obnoxious to the morbid influences of unfavorable hygienic conditions. In one of these examples of asthenic pneumonia which came under my notice at the Washington University Hospital, of this city, both lungs were affected.

Case 2.—A young mulatto woman was brought to the hospital after she had been ill nearly a week. She appeared to be extremely exhausted, the temperature was very high and the pulse exceedingly quick and feeble. The painful and shallow respiration and the ineffectual cough directed attention to the lung, which, on examination, presented the signs of extensive hepatization of the superior lobe of the right lung. Defervescence at the usual period was vainly looked for; additional portions of the implicated lung were speedily involved in the inflammatory process, which, finally, also attacked the other lung. The woman died on the third day after her admission. At the autopsy both pleural cavities were found to contain a moderate quantity of a sero-purulent fluid. From a number of places, especially of the right pleura, a soft exudation could easily be scraped off. Gray hepatization had considerably advanced in the upper portion of the lung of the same side, and purulent infiltration was visible at many points. Its middle lobe showed red hepatization, though the cut surface, on section, was only slightly granular. The inferior portion of the left lung presented a similar appearance.

In the series of clinical lectures in course of publication by Prof. Volkmann, a very able statement is found of the anatomical changes which are peculiar to asthenic pneumonia. It is noteworthy that the hepatization is commonly imperfect, the inflammatory exudation being quite soft, and presenting a smooth and even surface when cut. The spleen and liver are frequently enlarged, and the secreting cells of the latter organ appear in many places to have undergone the process of granular degeneration. The distinction between an ordinary and an asthenic pneumonia, from a clinical point of view, may be summarized as follows: A prolonged prodromic stage is the rule in the asthenic variety; the initial rigor is absent, and the febrile movements are of a high grade. There is early failure of the heart's action; the nervous symptoms are severe, and the abrupt defervescence so characteristic of the sthenic variety is generally wanting.

Hospital Reports.

NERVOUS INFIRMARY.

CLINIC OF S. WEIR MITCHELL, M. D.

REPORTED BY C. C. VANDERBECK, M. D.

The first patient this morning, a woman, is unable to walk, and so is wheeled into the room in a rolling chair. She is pale, and has a peculiar, dejected, yet placid countenance, a physiognomy sometimes securing the appellation of "hysterical face." Evidently, the face has not lost much flesh; at any rate, there is an absence of the hollow eye, sunken cheek and pinched expression, so characteristic of many chronic complaints. There is, however, an indefinable something about the countenance which leads one to suspect that the appearance of woe is not due to profound organic changes in the body, but rather to some perverted condition of the nervous system.

She is a married woman, 31 years of age, and has had several children, the youngest being 6 years old. She has been engaged during her married life in light housework, caring for her own home and family, but has never had occasion to overwork. Her home is situated in a healthy locality of the city. Her health has not been perfect for six years, though previous to this time she scarcely ever suffered with any sickness. In asking for the first deviation from health, she tells us it was a sunstroke, but a cross-examination elicits the fact that she had several spasms before this accident; it is necessary, therefore, to investigate the nature of these convulsions. She has, as a premonition of the attack, a "funny feeling all over," and once in a while a numbness of the hand precedes the indefinable prodrome; in either case the fit soon follows. The seizure is of a violent character, in which she screams lustily, and tears her hair and clothes; her limbs, and face, and trunk, being agitated, and contorted by clonic spasms. During the fit she is conscious, knowing distinctly what is going on about her, but is not able to talk or to control herself. These attacks are not prolonged, nor are they followed by stupor, or even drowsiness. It is worthy of note that she never has an attack in the street. Three of such fits occurred before

the alleged sunstroke, the nature of which we will now proceed to investigate.

She was out in the yard, hanging up clothes, exposed to intense heat, when she began to feel very badly, went to the house, and there had a convulsion, such as just described. She was unconscious this time several days, during which she had a number of fits. These attacks still occur, but at variable intervals; sometimes several happening in a day; then, again, she will pass months of freedom from them. It has been three months since she had the last one. She came to us more particularly on account of her inability to walk. Let us now carefully examine this paralytic condition. It came on eighteen months ago, and in a very singular manner. She had been attending a quack electropathic institution in this city, for the application of electricity as a remedy for the spasm. At her last visit the current was powerful, and hurt her very much. She went home, and soon afterward this condition of motor palsy came on, since which time she has not walked. For four days after the palsy first came on she could not swallow, and for two and a half weeks did not talk. She did not eat for a week, and could relieve thirst by taking only a drop of water at a time. It is not certain that she lost sensation in any of the extremities at the time of the motor palsy, and, in testing, there seems to be no anæsthesia at the present. This is a little unusual in these cases. She complains, however, of perverted sensibility, paræsthetic symptoms, a feeling as if insects were crawling in her hands and arms, a morbid sensation, called formication. At times, now, she loses her speech, and is able only to whisper, or else is compelled to write her wishes upon a slate.

This history, you notice, is developing into a very typical case, and there is no doubt that we shall find almost all the functions of the body, in some way or other, disturbed. She complains of pain in the region of the ovaries, extending across the abdomen, from the left to the right ovary; pain also in the back; none in the head, or only at rare intervals, and none at all in the arms or legs. She describes the special senses as impaired to a considerable extent. She is wearing glasses, and tells us that she can see only very imperfectly without them, and that she had perfect eyesight before the "sunstroke." The taste is often perverted, and subjective sensations of bitter and other disagreeable tastes are experienced. The same is true of the sense of smell; but it is not so much the false appreciation of a real sensation, as it is a false thought—a subjective sensation—a hallucination. There is no disturbance of hearing, which is not strange, for this sense is rarely affected in such cases as these. She has attempted to walk several times since the attack of paralysis came on, but she could not support her body. The face then almost touched her knees, and she succeeded in making only a few steps, the result of the effort being another long confinement to her bed. This has happened several times. She says she has lost twenty pounds of flesh, and that her color is not the same as formerly. The appetite is variable; sometimes good, while at other times she eats nothing for a week. Bowels regular. As a rule she has full control over her bladder; but when worried or nervous she then is not able to hold her water. The amount of urine voided in the twenty-four hours varies; sometimes large quantities of limpid water are passed; other days only a cupfull in all.

I ask her to extend her leg. You see she is able to accomplish it partially quite well. When I grasp the limb and forcibly extend it, I find some rigidity at the knee, and by her action she assures us that I am causing pain. This condition exists upon both sides.

Such, in brief, is the case before us, and what shall I call it? If I speak of it as hysteria the label is a good one; but I shall be asked by the precise among doctors if she has uterine disease? She has had it, or is said to have had, but has none now, unless we count as such ovarian tenderness. Or, shall I follow Paget, and call her's mimetic disease, and assume, which is true, that she has control over her symptoms. I do not doubt that she has; but, also, I am sure that, if ill treated, a time will come when she will cease to have control; and, if allowed to remain in bed, I am as sure that in time she will have contracted limbs. Let this state exist long enough, and there will follow sclerosis of the spinal cord, an incurable condition. Of course, I do not expect to see always this melancholy sequence, but it occurs often enough to make me anxious for an early rescue in all such cases.

The case I have shown you is one of those which sometimes have a more simple history, and merely remain in bed for years, until either some powerful motive arouses them, or an intercurrent disease takes them out of existence. I know of several which were cured by a desire to see the late Centennial Exhibition, and such women afford the examples of miraculous cures in Europe, by laying on of hands and the like.

I have relieved many of these women by simply keeping them at absolute rest for a week or two, and then ordering them to rise and walk. Some of you may recall such a case here, a woman who arose after fifteen years in bed, and staggered after me, wondering and cured. She became well and strong.

If such a woman, surrounded by all that wealth and sympathy can give her, has a doctor who lacks power to control her, or to influence her friends, she becomes a "bed case," and there is no limit to the time she may lie on her back. By degrees she over-cultivates her senses to feel all causes of annoyance, so that for her the room is darkened, the house made quiet, the piano hushed, the children forbidden to be noisy. It is a long and a sad story, and ends usually in opium, in increasing doses. Such people early acquire a capacity to have what I call suggested pain, that is, if you press on the spine, which is usu-

ally tender at some point, and ask her if you cause pain, for example, in the left breast, she will at first say, No; but if you persist, she will at last begin to show signs of doubt and then of suffering, and will exclaim, Oh, yes; please to stop; it hurts my breast. Our patient exhibits this curious phenomenon.

I heard a lecturer say, once, that it was easier to talk about hysteria than to cure it. I find it less easy to talk clearly about it than to cure it, and, as you hear, the word *hysteria* has again slipped from my lips, and so let it pass, for certainly the victims of mimetic disorders are nearly always, at some time, like our patient, fair instances of typical hysteria, with its phenomena of easy emotional displays, ovarian tenderness, convulsions, and the like.

As to treatment, I can assure you that however difficult it may be in the homes of such cases, if you isolate them from habitual cares and sympathy, and over-tender nursing, they can be cured almost unfailingly; and if I venture to say that here, it is said before men who know that they can recall very few cases which have left this hospital uncured. I recall none which have remained as long as I wished, who have not been made well, or put on the road to health.

The present case is a bad case, and has had several doctors, and been eighteen months in bed, but I shall certainly cure her.

This prediction was rapidly verified. The woman was put at absolute rest in bed for a fortnight; she took twelve grains a day of valerianate of zinc. Her glasses were taken away, and proved to be plain flat glasses, which had been supposed by her to ease her head. On the tenth day she began to show annoyance at the order to do no reading or sewing. Bed on these terms proved disagreeable, and she longed to see her children and husband. At last the emotional annoyance resulted in complete aponia, and she began to use a neat little slate to communicate with those about her. The next day Dr. Mitchell came to her bedside, and when she offered the slate, covered with writing, he said "How are you?" and then in a tone of command, "Answer me." At once she spoke in a whisper. Dr. M. said speak louder, which she did. Then the slate was removed. Next day she was ordered out of bed, and without hesitation got up and walked, though feebly. In a few days she went all over the house, and at each gain was given back some indulgence, as leave to read, to see first her husband, then her children, and so on. The cure was speedy and complete.

Dr. M. remarked that if she had been thin and anæmic, and plainly weak, he would have kept her in bed, with use of massage, electricity and excessive feeding, until she had grown fat and full of blood. Then he would have made a call upon her to walk, aided by the renewed vigor his treatment would have given. But these easy triumphs, Dr. Mitchell remarked, were only to be had in the purely mimetic cases. Hysterical paralysis, with contractions or with anæsthesia, often involved long and tedious treatment, and taxed every resource of the man and the physician.

PENNSYLVANIA HOSPITAL.

A CLINICAL LECTURE BY DR. R. J. LEVIS.

REPORTED BY JOHN B. ROBERTS, M. D.,
Resident Surgeon.

Extraction of Cataract.

Before entering upon the discussion of extraction of cataract, it may be well to make some general remarks concerning cataract itself as an affection, and also of the other operations for its cure. The definition of cataract is any loss of transparency in the lens, whether affecting the whole or only a portion of it; hence, we have lenticular cataract, when the opacity is in the lens substance itself, and capsular cataract, when the capsule alone has lost its transparency.

As vision is such an important sense, and as its loss renders the patient so helpless, considerable attention was given to the treatment of cataract in very early times; but owing to imperfect acquaintance with the anatomy of the eye, and, therefore, ignorance of its pathology, the operations performed can hardly be accepted as scientific ones. All the early surgeons believed that they depressed, not the crystalline lens, but a film in front of it, when they performed the operation of couching. Even Paré says: "In doing this it is necessary to take great care not to touch the crystalline humor, because, as we have seen, it is the principal instrument of vision."

There have been devised a great many operations for the treatment of cataract; which may be assigned to one or other of the following divisions:—

Displacement, where a needle is introduced into the eye and the lens pressed downward, or turned backward out of the area of the pupil into the vitreous body. Division, by which the lens is cut into pieces by a cutting needle, and is left to dissolve in the aqueous humor. Extraction, whereby, as the name implies, the opaque structure is removed from the eye by an incision.

The operation of displacement is now obsolete, because, though the immediate results were so astonishingly favorable (for sight was immediately restored after a simple puncture), the displaced lens was too prone to act as a foreign body, and give rise to destructive inflammation at a varying period after the operation. Division is now reserved for soft and congenital cataracts, while extraction is the recognized procedure to be adopted in the vast majority of cases of cataract; especially in the senile variety, which is by far the most frequent observed.

Extraction was the last of the various means for treatment of cataract to be suggested, and

well might it be, for there is probably no one operation within the range of surgery which necessitates so much precision and such delicacy of manipulation on the part of the operator. Daviel appears to have been the first to bring this method prominently to notice, though it was at that time a very rude procedure. A wound was made in the cornea by a lancet, the incision was then enlarged by a double-edged knife, and finally completed by the scissors. This was essentially a flap operation, and with certain improvements was the accepted method until comparatively recent times.

The flap operation, which was the one adopted before Graefe's linear extraction was proposed, gave about 50 per cent. successes. It was performed as follows: The knife entered the cornea at the equator of the circle, or just below it, a little inside its junction with the sclerotic, passed through the anterior chamber, made a counter-puncture on the other side, and emerged so as to divide fully one-half of the cornea, making a semi circular flap. If the lens showed no disposition to advance, the anterior capsule was lacerated with the cystotome, which was introduced carefully, to avoid entangling the point in the iris. Pressure was applied to make it (the lens) rotate on its axis in such a way as to present its upper edge toward the corneal incision, after which it could be easily extracted by delicate and dextrous manipulation. In these different steps there are some precautions necessary to be recollected. In inserting the knife, it must be held almost perpendicularly until after the cornea is perforated, or it will be thrust between the laminæ of that membrane, just as you see the knife now penetrating between the corneal layers of this bullock's eye. You can understand that, if the knife be very flexible, it may thus traverse nearly the diameter of the cornea between the layers. Another point in regard to the incision is this, that the aqueous humor may escape, if the blade leaves an opening behind it, and the iris be forced over the edge of the instrument. This is obviated by using Beer's triangular blade; but it is not so available or necessary in the more recent methods of extracting cataract as it was in the old flap operation.

In 1811, Gibson devised an operation in which the lens was lacerated by a needle at one time, and subsequently, "after inflammation had subsided," the fragments removed by a scoop introduced through the cornea. Suction was proposed, in 1847, for the removing of softened lenses by means of a small canula introduced through the cornea. If the case be a favorable one, there is nothing in surgery that seems so surprising as this; the wound is so insignificant, and vision is restored so instantaneously and perfectly.

Up to the time of the introduction of Liebreich's method of extracting cataract, that operation of Graefe, which he styled "peripheric linear extraction," was the most employed; for it, without losing any of the advantages claimed for the other methods, has some very important ones which are peculiar to itself. The operation, though called Graefe's, was, of course, gradually developed by many experimenters, but perfected by the great German oculist.

The steps of the procedure are, incision, iridectomy, laceration of the capsule, and the removal of the lens. The lids are separated by a spring speculum, or, as Dr. Levis prefers, by the assistant elevating the upper lid by a plain speculum, and the ball is then steadied by the operator grasping the tissues over the tendon of the inferior rectus with fixing forceps. A narrow knife is then inserted into the sclerotic, one-half line behind the edge of the cornea, and one-half line below a tangent to the top of the corneal circle, with its point directed downward and inward. This position brings the knife into the anterior chamber, because the sclerotic overlaps the cornea, somewhat like the case around a watch crystal. After the knife has penetrated the anterior chamber a short distance, the handle is depressed and a counter puncture made at a point corresponding to the position of the puncture. Up to this point the edge of the knife has been directed upward; now it is turned forward a little and the section completed by cutting in such a manner as to leave a conjunctival flap to cover the wound, because it is supposed to give better primary union. The next step is to introduce the iris forceps, or as Dr. Levis prefers, the delicate iris hook, which grasps the pupillary margin of the iris, and draws a portion through the wound which is incised. The capsule is then lacerated, pressure made to produce rotation of the lens, and the cataractous body removed by pressure, or by traction with the spoon or Levis's wire loop.

If the pressure which is causing the lens to emerge through the cornea be continued after its thickest portion has passed, a portion of the vitreous will be lost, which is an unfortunate, though not a very grave complication. If some of the vitreous escape during the incision, the lens will fall back into the space left, and will require greater delicacy of manipulation for its removal. In some instances, like the case operated upon the other day, the lens, instead of rotating with its upper edge forward toward the incision, may tilt backward and require traction. In that instance, you recollect, judicious pressure caused the small lens to turn completely over and emerge with its lower edge uppermost.

Until within a few years, Graefe's method was the accepted operation everywhere, but Liebreich, of St. Thomas's Hospital, London, has devised an operation of greater simplicity, which, at present, has a good many adherents. He, while operating by Graefe's method, moved his incision nearer and nearer to the centre of the cornea; and finally found that, with this position of the wound, and with the form which he adopted, there was no iridectomy required to allow the lens to make its exit. Liebreich makes a puncture, one millimètre external to

the corneal border, on a level with the margin of the pupil, carries the knife across the anterior chamber without any change in direction, makes the counter-puncture and divides the cornea by an incision as nearly straight as can be made on a globe. Finally, the capsule is divided and the lens pressed through the pupil.

The treatment to be pursued after the opaque lens has been extracted by any of these methods is most important; for there is no doubt that the earlier surgeons lost many eyes by reason of the active purgation, the bleeding, mercurialization, and the starvation diet to which they subjected their patients. After the operation a little solution of atropia (gr. iv or gr. viij ad. fl.℥j) is placed in the eye, to keep the pupil dilated and ease pain. By the way, this drug should always be applied also before the operation, in order to have a widely dilated pupil, which greatly facilitates the operation, though it does contract as soon as the aqueous humor escapes. The dressing used by Dr. Levis is very simple, no bandage being used; a few semi-circular pieces of black silk adhesive plaster are placed upon the upper lid, to stiffen it and cause it to act like a splint, and then a straight piece of the adhesive plaster is superposed from the root of the nose to the cheek. The other eye is also closed in the same way. This is much lighter and cooler than the cotton packing usually placed over the eye, allows all secretions, which are so apt to cause conjunctivitis, to drain away from under the lid, and enables the surgeon to look at the eye and instill atropia without removing the dressing. At the same time it perfectly protects the eye, which cannot be opened, because the stiffened upper lid will not allow itself to be raised. The patient is then kept in bed, in a darkened chamber, for several days, before the eye is allowed to go uncovered.

Having now described at considerable length the manner of extracting cataract according to the different operations, it is but proper to devote a little time to the consideration of their individual merits.

In the flap operation there is a tendency in the wound to gape on the slighest motion of the ball, which is obviated by Graefe's linear incision, which can only be made to gape by pressure. Then, again, prolapse of the iris not unfrequently occurs in the former, while in the latter the iridectomy precludes this mishap entirely. There is also in the flap extraction much greater likelihood of suppurative keratitis occurring, and more probability of undue pressure being made during the expulsion of the lens, because it is the only means of removing the lens, as traction cannot well be employed in this method. Liebreich's operation is more simple than Graefe's, and leaves no disfigurement of the pupil, but, on the other hand, there seems to be more danger of synechiæ occurring. If the cataract is fully ripe, Liebreich's method is certainly a very successful one, but if the external portion of the lens is soft, there is danger of it being scraped off as the body makes its exit through the pupil. This requires, then, the introduction of the spoon for its removal. The operation performed in the case of the other day, and the old woman to-day, was a modification of Graefe's, in so far, that the incision was made within the circumference of the cornea, thus preventing hemorrhage from the conjunctiva, instead of around the cornea in the sclerotic tissue. The iridectomy and the other steps were the same as in Graefe's extraction.

The percentage of success since the rejection of the flap operation has been greatly increased; instead of losing about 50 per cent. of all cases operated on, the percentage of failures in the practice of skillful operators is only 4 or 5 per cent.; and, indeed, in one hundred successive cases, recorded a few years ago, Dr. Levis lost completely only two eyes. Age is no contra-indication to operation, for success has attended patients of advanced age. Some years ago Dr. Levis extracted in an old woman of 96 years, and gave her vision which enabled her to read No. I of Snellen's test types, and the newspapers, and her small prayer-book, with great ease. She died two years later. In regard to extracting the cataractous lenses of both eyes at the same time, it may be said that a great deal depends on circumstances. If the lenses are both ripe, the patient healthy, and if he comes from a great distance, it may be allowable to do both operations at once; as in several cases that have given perfect results in this hospital during the last year or two.

The double extraction done a few days ago gave a perfect result, and the man will return to his home in a day or two. He will, of course, need spectacles to take the place of the extracted crystalline lenses, in order to remedy the condition of aphakia now existing. He has been tested, and it has been found that he sees best with convex lenses of five inches focus for distant vision, and of three inches for reading. It is necessary to have two pairs of glasses, because there is no accommodation left him. The case operated on to day, which is the 504th extraction which Dr. Levis has done since the flap operation was abandoned, will be treated now in the same manner as the other patient was, and will be shown again in a few days, wearing her spectacles.

The Voices of Animals.

Professor Landois, of Freiburg, has lately published an interesting work on the "Voices of Animals," which affords additional evidence of the universality of vocal sounds among the lower forms of animals, including the Mollusca. The author considers it as beyond all question that ants possess a vocal speech, inappreciable by human ears, by which they are enabled to exercise those higher mental faculties to which they owe the development of the advanced social organization which they exhibit in their communities.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, December 13th, 1876. Dr. C. K. Briddon, President, in the chair.

Dr. Heitzman stated that he had made a microscopical examination of the polypus of the rectum presented by Dr. J. Lewis Smith at the last meeting of the society, and he had found it to present all the appearances of adenoma.

Carcinoma of Œsophagus and Stomach.

Dr. Delafield presented a specimen of cancer of the œsophagus and stomach, in behalf of a candidate, and read the following history: A man, aged sixty, had been admitted to Bellevue Hospital, on November 22d, 1876. His family history was good. Three years ago he first noticed a difficulty in swallowing, which lasted for one year. He had been well up to six months ago, when he began to lose flesh. On admission, the patient was found to be very much emaciated. There was no nausea, vomiting nor abdominal pain. When he attempted to swallow liquids an obstruction was felt in the œsophagus. These, however, would generally pass the obstruction, but sometimes would be regurgitated. The patient complained of pain in the scapular region on swallowing. On passing the bougie into the œsophagus, it would become arrested at its lower portion. Only slight pain was complained of by the patient after it had been passed. The diagnosis of probable epithelioma of the œsophagus was made. The patient had retained three or four mugfulls of egg-nog in the hospital. Nutrient enemata had to be resorted to, and were continued during twenty-four hours before death. On December 7th it was decided to perform gastrotomy, but after a few inhalations of ether, the patient ceased to breathe. Artificial respiration had been practiced, according to Sylvester's method, and brandy administered, with the effect of reviving the patient. He gradually failed and died on the next day.

Autopsy.—The operation was attempted on the dead subject which had been intended on the living; an incision was accordingly made in a line parallel with the ninth rib. The stomach was then secured with great difficulty, and on making traction it could not be brought down, owing to the presence of adhesions. The abdomen was then laid open. The stomach was found contracted, and its surface irregular. A new growth was found occupying its anterior walls. On opening the œsophagus and stomach, the new growth was found to involve the lower portion of the former, extending to the anterior and posterior walls of the latter. The heart was in a condition of brown atrophy, as is seen in persons who have undergone starvation.

Dr. Delafield, in connection with the above case, exhibited three specimens of cancer of the stomach preserved in alcohol, with brief histories, as follows:—

Case 1. A man, aged forty-seven, had, eleven months before his death, complained of pain in the epigastrium and vomiting. These symptoms had continued throughout the patient's illness. Two months before death coffee grounds vomiting had occurred. The presence of a tumor had been detected in the epigastric region. At the autopsy it was found that the disease had involved the pylorus. The fact that a tumor had been felt through the abnormal parietes during life was interesting, such not being usually the case.

Case 2. This patient had been taken sick fifteen months before death; during this period she had suffered from progressive emaciation, but never from epigastric pain, nor vomiting. No tumor had been discovered in the epigastric region, but the left lobe of the liver was enlarged. The disease had been diagnosed as cancer of the liver and not of the stomach. The autopsy had revealed the presence of a new growth in the anterior wall of the stomach, and, by contiguity, enlargement of the liver, in which secondary new growths had been discovered.

Case 3. The patient was a woman, twenty-eight years of age, who fourteen months before she died had suffered from vomiting and constipation. She had not complained of pain in the region of her stomach during her illness. The vomiting had persisted up to within one month of the patient's death. There had been no cachexia. No abdominal tumor could be detected. The patient had been the subject of progressive emaciation. She at last had literally died of starvation. No diagnosis of her disease had been made, but it was thought that some obstruction existed at the pyloric orifice of the stomach. The post-mortem examination showed the stomach to be dilated, its coats thickened at the pyloric orifice, which was narrowed to such a degree as to scarcely allow the passage of a goose quill. There had been no tumor of the pyloric extremity found, but the coats of the stomach in that region were infiltrated with cancerous material. The points of interest connected with this case were: (1) the age of the patient; (2) the marked absence of symptoms, and (3) the absence of tumor.

Neries—Pentastoma Constrictum.

Dr. Austin Flint read a report from Dr. Dalton, accompanying which was a prepared specimen of a neries, or common sand worm, used by fishermen as bait. Dr. Dalton had found that the specimen which Dr. Flint had presented at the last meeting of the society (and said to have been expelled from the mouth of a woman), was nothing else but the fragments of a neries.

Dr. Flint next presented a specimen of a rare parasite, called the *pentastoma constrictum*, which had been sent him over a year ago by Dr. Campbell, of Albany county, Missouri. The parasite resembled an ordinary maggot. The history of the case was as follows:—

J. R. R., aged thirty-six, a farmer by occupation, had served three years in the army. He stated that he had been attacked with pleurisy

or pneumonia, in March. The attending physician, he said, had, however, pronounced the disease to be pneumonia. In the following September the patient was first seen by Dr. Campbell. On making a physical examination of the chest, a large vomica was discovered at the apex of the right lung. One night the patient felt as if something had suddenly given away in his left lung, which had been followed by profuse expectoration of purulent matter. He had continued to expectorate, and had become greatly emaciated. His abdomen was bloated, and the liver was found enlarged. One month before he was seen, he had first vomited these parasites. He had coughed up between seventy-five and a hundred of them. They would crawl about the floor; some of them which had been placed in a bottle had lived for ten days. On auscultation, gurgling and tinkling were heard at the apex of the left lung.*

Removal of Scaphoid, Internal and Middle Cuneiform Bones—Congenital Luxation of Tibia.

Dr. Erskine Mason brought to the notice of the Society a boy, to show the results of an operation which he had performed upon the foot. The history was as follows:—

A boy, aged seven, whose family history was good, had had his right foot injured, which had been followed by erysipelas. The patient had been admitted to Bellevue Hospital on September 12th, 1876. On admission, the foot was found to be very much inflamed, and over the internal cuneiform bone an opening was seen. By September 20th the erysipelas had entirely disappeared.

On September 26th other abscesses were discovered about the foot, which freely communicated with each other. No dead bone was detected on probing the sinus. The next day the opening was enlarged, and the scaphoid, internal and middle cuneiform bones, and the head of the metatarsal bone of the great toe, were removed. A seton of oakum was then introduced. The limb was afterward put up in plaster-of-paris. Subsequently a silicate of soda splint was substituted for the plaster-of-paris. Three months had elapsed since the operation had been performed. The patient could bear the weight of his body on the foot. There was still slight tenderness on pressure over the foot.

Dr. Mason said that his experience was limited to another case of the same character. This was the case of a girl, seven years of age, upon whom he had operated in January last. He had removed all the metacarpal bones of the wrist. The exciting cause of the disease had been a splinter. Three months after the operation the child could sew and play the piano.

Dr. Mason then presented a specimen of anterior luxation of the tibia on the femur, taken from an infant one month old. The toes, which were six in number, could be brought up to the abdomen, owing to the luxation of the tibia. The luxation could be readily reduced. Dr. Mason said that these congenital luxations were quite rare, and had been reduced with good results, splints having been applied to hold the limb in position.

Sarcoma, and Stricture of Colon.

Dr. Stimson presented a specimen, with a history as follows:—

A man, aged sixty-three, had complained of pain in the right hypochondrium, and constipation, which laxatives and enemata had failed to relieve. The diagnosis of mechanical obstruction of the intestines had been made. The patient had died in a state of collapse at the end of six days of illness.

Autopsy.—The peritoneum was congested, and presented evidences of fibrinous exudation. The lowest part of the ileum was found in the right iliac fossa. A stricture and tumor of the colon, three inches in breadth, had been found, in which was imbedded the pit of an apple. At the distal side of the stricture, signs of old ulceration and hemorrhage therefrom (not recent) were visible. The tumor was of the spindle-celled sarcoma variety.

* A history of this parasitic disease may be seen in Aitken's Practice of Medicine, under the heading of "Occasional Parasites."

Editorial Department.

Periscope.

The Local Treatment of Psoriasis.

Mr. Wyndham Cottle, M. A., Oxon., F. R. C. S. Eng., Senior Assistant Surgeon to the Hospital for diseases of the skin, Blackfriars, writes to the *Lancet*, September 30, 1876:—

There is a class of cases of psoriasis, namely, those not uncommon examples where there is an excessive formation of dry scales, in many instances even producing the thick crusts with which observers of this complaint are familiar, and forming in chronic and neglected cases, as long as they remain, an insuperable obstacle to recovery. After various trials, I have found the subjoined method most advantageous.

All crusts and scales having been removed, as far as possible, and the absence of grease being ensured by wiping the parts with ether or rectified spirit, and the skin thoroughly dried, the

solution of india-rubber is thickly applied with a brush over the affected places, and this application renewed as often as is needful for the formation and maintenance of a continuous covering of india rubber over the affected skin. The chief difficulty I encountered lay in procuring complete adhesion of this covering, and in this respect I found india rubber much superior to gutta percha or collodion flexile, etc.

I would claim for this mode of treatment that, in the majority of the class of cases mentioned, the recovery has been more rapid than with the ordinary local measures, and also very comfortable to the patient, free from the objectionable odor of the tar compounds; that its action is confined to the affected parts themselves, requiring no confinement of the patient, nor indeed causing any inconvenience to him; a further recommendation being its ease of application.

Croton-Chloral and its Use.

Dr. E. M. Skerritt writes to the *Lancet*, on this subject, as follows:—

In my hands, croton chloral has been of the greatest use in neuralgias of the fifth nerve, and has appeared, in many cases, to act as a specific. Its effect is not always, however, to be relied upon, and I have found that certain conditions are more favorable to its success than others; thus, the most marked benefit has attended its use in the neuralgias of young or comparatively young patients, especially in the headaches of anæmic women and girls. In these cases there has been either cure or relief in 86 per cent. of the cases treated. About the climacteric period, the success has fallen to about 50 per cent., while in later life there has again been a rise to about 60 per cent. At the climacteric period, bromide of potassium has seemed to be more reliable in its action.

Again, when the headache has occurred in patients with marked hysterical symptoms, the result has not been nearly so favorable; in fact, I have come to look upon the presence of hysteria as making the success of the drug very doubtful.

Dose and Mode of Administration.—Croton-chloral is but sparingly soluble in water, but to a sufficient degree to make a solution as strong, in my opinion, as any patient will be likely to take, as it is the reverse of palatable. Ten grains will dissolve in the ounce of water, without much difficulty; glycerine makes it rather more soluble. Dr. Yeo gives four grains to the drachm, as the strongest solution that can be made with water and glycerine. At the hospital, Mr. Berry uses an alcoholic solution. The drug may also be administered in the form of pills.

There does not seem to be any risk from large doses of croton-chloral. Dr. Ringer has given five grains to a patient, every hour, for a fortnight; and Dr. Liebreich has prescribed a sleeping-draught, containing about a drachm and a half.

In hospital out patient practice, I generally order five grains, three times a day, and have found that patients unrelieved by this dose are often very much benefited by the addition of another dose of five grains per diem. Elsewhere I have given the same dose every two, three, or four hours, according to the urgency of the case.

The only unpleasant effects I have observed have been the following: In two cases, vomiting; in one of these this was so constant after the dose that the medicine had to be discontinued; in the other it ceased when the drug was taken immediately after meals, and the desired effect was obtained. In several cases, drowsiness, but not so great as to necessitate the discontinuance of the remedy. In two or three cases, giddiness; in one, headache.

Puerperal Glycosuria.

At the meeting of the Biological Society of Paris, on the 11th of November, M. Gubler made an interesting communication (*Le Progrès Médicale*, November 18th), embodying the results of his researches upon glycosuria in the puerperal state. He finds that saccharine urine follows suspension of lactation in healthy women, from diseases of the infant, and also when lactation is arrested on account of some slight ailment on the part of the mother, but not if her disease be a severe one—e. g., typhoid fever. The glycosuria can be prevented by slight purgation; it is never very marked, but the presence of sugar in the urine is always sufficient to be detected by the usual reagents. A solution of bichromate of potash and sulphuric acid gives a larger precipitate than the ordinary reagents, possibly because of the existence of some other substance besides glucose. The absence of albuminuria is accounted for on the ground that human milk is rich in lactose, but poor in casein and butter. The conclusion drawn is that glycosuria appears when lactation is suspended, but only when the general health is not much disturbed; it is usually slight, appears in twenty-four to thirty-six hours following the arrest of lactation, and lasts for about a week. Pregnant women sometimes pass saccharine urine, and especially primiparæ, toward the end of pregnancy.

The Treatment of Colliquative Diarrhœa.

The *Lancet* says that the diarrhœa which often occurs towards the close of life in patients suffering from long-standing nervous disease or other conditions productive of cachexia, and in many cases is independent of organic disease, is the most rebellious to ordinary astringent and sedative remedies. Dr. Bonfigli has recently called attention to this form of diarrhœa, which he calls *vaso-paralytic*, in which the evacuations are frequent, watery or serous, and no lesion is found in the bowels after death, such as waxy degeneration or ulceration, only at most some slight injection of the mucous

coat. From a consideration of its physiological action, he was led to try chlorate of potash as a remedy, and in fifteen cases he gained very markedly beneficial results from its use. He found it necessary to continue its employment for some time in severe cases, and the diarrhœa was held in check only so long as the drug was given. He recommends the increase of the dose until a beneficial effect is observed, beginning at half a drachm in the twenty-four hours, and increasing to two or three drachms if requisite. When, however, there is degeneration of the mucous coat, or when the diarrhœa is maintained by intestinal catarrh, the drug exerted little or no effect. On the latter point the observations of the author appear to be at variance with those of the late Dr. Copland.

Iodide of Starch as an Antidote.

Dr. Bellini, Professor of Toxicology at the Royal Institute of Florence, recommends iodide of starch as a valuable antidote in some cases of poisoning, especially by alkaline and earthy sulphides, caustic alkalies, and ammonia, and the vegetable alkaloids, for which iodized solutions are generally given. In poisoning by alkaline or earthy sulphides he believes it preferable to all other antidotes; in poisoning by caustic alkalies it is applicable when acid drinks are not at hand. Where iodized solutions of iodide of potassium are usually employed for poisoning by vegetable alkaloids, the iodide of starch should be used instead, as far less irritating. It may also be given in some cases of chronic lead or mercurial poisoning, and particularly to children, in the form of syrup.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Under the title, *Bibliotheca Medicinæ Militaris et Navalis*, Staff Surgeon Dr. Frederich Fränkel, of Glogau, has undertaken a praiseworthy and most arduous task. His object is to form a systematically arranged index to the literature of military and naval medicine. The subjects are to be arranged under the heads of Bibliography, Biography, History, Organizations, Recruiting and Invaliding, Hygiene, etc.

——No. VI of Dr. Carl Seiler's "Micro-Photographs in Histology," contains four very beautifully executed photographs. The work is published monthly. $6 per annum. Porter & Coates, publishers.

——The well known scientific periodical published in Germany under the name of Dubois-Reymond and Reichert's *Archiv*, and formerly as Meckel's, and subsequently as Müller's *Archiv*, is to be divided into two parts. One is to be devoted to Physiology, and will be edited by Dubois-Reymond and Ludwig; the other to Anatomy, under the management of Braune and His.

——"The History of Spontaneous Generation," by Dr. Edward S. Dunster, a pamphlet of thirty pages, is a learned and fair summary of the claims of each side on this vexed question.

BOOK NOTICES.

Healthy Skin; a Popular Treatise on the Skin and Hair, their Preservation and Management. By Erasmus Wilson, F. R. S., F. R. C. S., etc. Eighth edition. Philadelphia, Lindsay & Blakiston. Cloth, 12mo, pp. 311.

It is rare that a medical book is brought out again after thirty-one years from its first appearance. Such is the case with the present little volume. It first appeared in 1845, and about every four years since a new edition has been called for. The present one has received a careful revision at the hands of its eminent author, and will be found an excellent manual on its branch.

The Electric Bath, its Medical Uses, Effects and Appliance. By George M. Schweig, M. D., etc. New York, G. P. Putnam's Sons. 1 vol., cloth, 8vo., pp. 134. Price $1.

The electric bath is one of several modes of applying the electric current over the whole or a large part of the surface of the body at a time. To the effects of the current are, however, added those of the warm bath, or a medicated bath; and it is also claimed to be more literally "general" than other methods so-called. It is, therefore, well worth the attention of electrical specialists; and they will find the manner of using it, the indications for it, and the results which may be expected from it, very temperately and fully stated in this monograph. They are not conspicuously different from those of other forms of electro-therapeutics; but, too much wont to find extravagant claims, and an interested enthusiasm in the works on this branch, we were the more pleased with the very honest and scientific spirit with which Dr. Schweig explains his practice. His book deserves high praise.

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ON "COLLES' LAW" OF IMMUNITY FROM SYPHILIS.

The name of Mr. Abraham Colles is best known in the history of surgery from the peculiar fracture of the radius, which he first described with precision, and which has since gone by his name. Forty years ago he was one of the most eminent surgeons of Dublin, and being both a thinker and a writer, as well as an observer, he published several treatises on surgery, remarkable for their insight into pathological processes.

One of these works is entitled, "Practical Observations on the Venereal Disease, and on the Use of Mercury," which must always rank alongside of Hunter "On the Venereal," as one of the English classics in syphilography. In this treatise he was the first to lay down what is known as "Colles' law," embracing one of the most extraordinary truths which are connected with the history of this disease. The law may be formulated in the following words:—

The woman who bears a child to a syphilitic father rarely contracts the disease, and in any case can never subsequently suffer from it.

This startling conclusion was derived by Mr. Colles from observing that in no instance does an infant which derives syphilis congenitally cause an ulceration on the nipple of its mother while nursing, whereas it will nearly always infect a hired wet-nurse previously in good health. Further observation shows that these mothers cannot be syphilized afterwards by chancres, in impure connection.

No writer since the time of Colles has refuted his statement; on the contrary, such eminent observers as Diday, Baumes, Egan and Mr. Jonathan Hutchinson, have expressly stated that their experience is in conformity to it.

The last mentioned surgeon, in an address before the Hunterian Society of London, has recently gone over the subject with care, and an extract from his paper cannot fail to interest the reader. He remarks:—

As far as the facts on this point go at present, they seem to imply that syphilis by fetal-blood contamination is an exceedingly different thing from syphilis by a chancre or by inheritance. It appears to differ from both the latter, quite as much as vaccinia does from variola. In a considerable ratio of cases—perhaps in half—the woman never knows that she is ill. She has neither primary, secondary, nor tertiary symptoms, but remains throughout apparently in perfect health. Something happens in her blood and tissues which gives her immunity as regards the syphilitic virus. The skin of her nipple cannot take on the chancrous condition; every cell in her body has undergone a change, and is no longer susceptible to this most potent poison; and yet she has never known an hour's illness. Remembering how severe a disease chancre-syphilis usually is, this fact is even more astonishing than the parallel one, that vaccinia can substitute variola.

It appears, therefore, possible that under certain conditions the system can so receive the syphilitic poison that without in the least suf-

fering from its presence, *it can acquire perfect immunity from it ever afterward.* This remarkable deduction points to a possibility of the discovery of a method of inoculation by which the venom of syphilis will be neutralized, and protection from it be obtained, as complete as we now have against small-pox. The syphilitic virus in the spermatic fluid, or else in the blood of the fetus, exists there in a form not directly inoculable, and yet with the power of so impressing the economy that it becomes indifferent to the presence of the virus in any other form.

In conclusion, Mr. Hutchinson proposes to the profession the following inquiries, which we take pleasure in submitting to the practitioners of this country:—

1. Can any exceptions to Colles' law be produced? Has any one ever seen a case in which a mother suckling her own syphilitic infant contracted a chancre on her nipple from its mouth?

2. Can any cases be produced in which a woman who had borne syphilitic children subsequently became the subject of chancre, contracted in the ordinary way, or of a well-marked outbreak of secondary symptoms, such as would suggest the probability of a recent chancre?

3. Can any cases be found in which a woman having borne a syphilitic child, without having been herself the subject of chancre, has within a short period lost her husband and been married again to an untainted man? Cases in which these various conditions are conformed to are probably very infrequent, but, should they be obtainable, it will be of extreme interest to know whether such women bear syphilitic infants.

4. Are there any facts which would show that women who have never had chancre-syphilis, and have borne syphilitic children without presenting any symptoms during pregnancy or within a few years afterward, may yet later on suffer from definite tertiary lesions? I have myself recorded a good many cases which seem to illustrate this; but in none had the patient been throughout under my own observation, and I had to rely upon her memory for the fact that early symptoms had really been absent.

These questions merit, and we trust will receive, the most careful reflection.

Notes and Comments.

The Cold Bath in Typhoid.

Professor Sée, of Paris, condemns the use of the cold bath so much in vogue in the treatment of typhoid fever. According to his own experience, and that of many other physicians, it is not only a useless remedy, but absolutely dangerous in the treatment of this affection. Though the use of the cold bath in fevers is not a new remedy, but an old one revived, many physicians, out of despair for something better, gladly availed themselves of it; but soon found, to their cost, or rather to their patients', that it was a most treacherous remedy, at least in the treatment of typhoid fever. It is true that it reduces the high temperature of fevers; but this effect is only temporary, and often the reaction is so great as to raise the temperature higher than it was before the bath. In addition to this, the cold bath in typhoid fever not only increases the tendency to intestinal hemorrhage, but it has been found to produce hæmoptysis and metrorrhagia. M. Sée suggests that there are other means by which the temperature of the body may be reduced; sponging the body with vinegar and water, cold or tepid, is equally efficacious, and attended with less danger and inconvenience; but quinine, according to him, is *the* remedy, and ought to be more extensively employed than it generally is, as he knows of no agent, except, perhaps, alcohol, that more effectually lowers the abnormal temperature of the body, whether of man or of the lower animals.

A Pleasant Substitute for Cod-liver Oil.

The *Journal d'Hygiene* recommends as an agreeable substitute for cod-liver oil a soup made of fish livers and calves' or sheep's brains. This should be prepared *en purée*, as the cooks say, and may be made exceedingly palatable. The ingredients contain iodine, phosphorus of lime and fat, the active principles of the oil.

Comparative Fecundity.

According to a recent study by Dr. Bertillon, of Paris, a notice of which appears in the *Journal des Sciences Medicales de Louvain*, the most fertile wives in Europe are those of Holland, the next fertile those of Flemish Belgium, the least so those of France. Belgium, how-

ever, possesses the fewest wives of child-bearing age, a fact the writer attributes to the number sent to convents.

How to Prepare Raw Meat.

Raw meat is now used to a considerable extent as an agent of hygiene and therapeutics. The following directions with regard to it, from the *Journal de Pharmacie*, may not be without interest. Beef is preferable to mutton. The fat should be removed (one reason being that it may contain cysticercus). The best part is the rump steak. The fibres are here best suited for rasping (*râpage*) in longitudinal direction. This is the best mode of division. Chopping removes from the meat most of its juice, and does not give such good division. The rasping is done with a sharp knife-blade—the sharper the better. The piece of meat should be pretty thick, and of lozenge shape; the rasping can be done on all the facings, in the natural direction of the muscular fibre. The piece should rest, held by one end, on a resistant and slightly inclined plane. The meat is generally reduced to the form of a pill or bolus, which is rolled in powdered sugar or crumb of bread. If it cannot be taken thus, it may be given under the mask of bouillon, which should be cold.

A Novel Respirator.

A London physician, Dr. Lennox Browne, says the *Chemist and Druggist*, has provided beauty with a climatic apparatus far from unbecoming. This is a veil "of simple blonde. with a border about four inches in depth, of double silk gossamer, sewn along the lower edge." It is made stiff by a very thin wire gauze, which keeps it off the face, and there are minor methods of attachment which a pharmacienne who has passed her examination would best understand.

Alcohol in Phthisis.

The editor of the *Medical Press and Circular* remarks:—

We can call to mind several instances in which the free administration of alcoholic stimulants has had a marked effect in retarding the progress of phthisis, and no doubt there are many practitioners whose experience has led them to form a similar favorable opinion of them. *Apropos* of this question of the utility or not of spirituous or malt liquors in phthisis, it has been supposed that publicans are peculiarly exempt from this disease. Many years ago, Dr. Atkinson, physician to the Wakefield Dispensary, published some observations on the "Comparative Exemption of Publicans from Phthisis," in which he showed a general mortality in the above town, among adults, from phthisis, of rather less than 1 in 3, and in publicans 1 in 12½. "Now," he says, "allowing great latitude for mistakes, still the mortality by phthisis in publicans is comparatively small. What a more extensive investigation would prove it would be difficult to say, but there is here sufficient to demand further inquiries."

Spiritualism and Insanity.

Dr. W. B. Carpenter, in his lectures on Spiritualism, delivered at the London Institution, insisted that, in the inquiry into the so-called phenomena and facts of spiritualism, nobody was to be trusted; that almost everything in it must be the result either of deception or self-deception, and that there was an immense difference between the fact itself and the observer's idea of the fact. In conclusion, he said that these investigations were calculated to produce insanity, because insanity was nothing more than the possession of a fixed idea which tinctured everything with which we have to deal.

Action of Anæsthetics on Muscles and Nerves.

M. Couly, of Paris, finds that when animals are killed by chloroform, ether, or chloral, the muscles and motor nerves retain their irritability much longer than when death is produced by bleeding, compression of the heart, or asphyxia. This is especially marked in the case of chloral. The author considers the cause of this phenomenon to consist, not in any action of the anæsthetics on the spinal cord, but in a direct modification of the nerves and muscles by them through the blood, similar to that which occurs in poisoning by carbonic oxide.

Petroleum for Baldness.

The London *Pall Mall Gazette* states that Mr. Stevens, English consul at Nicolaef, mentions in his last report that among his servants was one prematurely bald, whose duty it was to trim lamps; he had a habit of wiping his petroleum-besmeared hands in the scanty locks which remained to him; and after three months of lamp-trimming experience, his dirty habit

procured for him a much finer head of glossy black hair than he ever possessed before, in his recollection. Struck by this remarkable occurrence, Consul Stevens tried the remedy on two retriever spaniels that had become suddenly bald, with wonderful success. His experience, therefore, induced him to suggest it to the owner of several black cattle and horses affected with a loss of hair, and while it stayed the spread of the disease among animals in the same sheds and stables, it effected a quick and radical cure on the animals attacked. The petroleum should be of the most refined American quality, rubbed in vigorously and quickly with the palm of the hand, and applied at intervals of three days, six or seven times in all, except in the case of horses' tails and manes, when more applications may be requisite.

The Oleate of Bismuth.

At a late meeting of the British Pharmaceutical Society, Mr. Beatty recommended an oleate of bismuth, containing 20 per cent. of the metal, as a useful soluble salt. Its preparation he thus described:—The oxide of bismuth, B. P. (the trinsnitrate and carbonate being useless for this purpose), is ground very fine, and the oleic acid gradually incorporated with it. The mixture, being placed in a suitable vessel, is subjected to a temperature of nearly its boiling point, then allowed to digest, with frequent agitation, at a temperature of about 60° during four days, or until it solidifies. The result is pharmaceutically a plaster, chemically an oleate of bismuth.

The Treatment of Atheromatous Cysts of the Neck.

Esmarch recommends in those forms of atheromatous cysts of the neck which can only be removed with difficulty, or with the formation of a large cicatrix, puncture of the sac, the injection of a one per cent. solution of carbolic acid, until the solution returns clear, and then the injection of a solution of a Lugol's solution, containing about three per cent. of iodine, and iodide of potassium in water, which he allows to flow out again after the lapse of a few minutes. If the tumor have not considerably diminished in size in the course of six or eight weeks the operation is repeated. In the course of half a year the cyst is usually reduced to the size of a small node.

Correspondence.

The General Pathology of Asthma.

Ed. Med. and Surg. Reporter:—

In Nos. 1022 and 1023 of the Medical and Surgical Reporter, there is a long article on the above subject, by Dr. C. W. Cram, of Scranton, in which he attempts to prove that in asthma we have paralysis of the pneumogastric nerves, producing elongation and dilatation of the bronchial tubes, with a loss of the contractile power of the air cells. He fails to see "in the assumed spasm of the circular fibres of the bronchial tubes any adequate cause for the leading phenomena of an asthmatic paroxysm," and against the spasm theory he asks to be allowed to present the "facts" which have influenced his mind.

The first argument which is advanced is, that "the trouble is not in getting air into the lungs, but in getting air out of the lungs." This is "evidently from a loss of power on the part of the forces concerned in the action," but where are the "facts" which prove that it is due to paralysis of the expiratory forces instead of obstruction met with in expiration. Second. He holds "that while the inspiratory muscles are all acting forcibly, there is no deficiency, but an excess of air present," and that "the feeling of impending suffocation is not from a want of oxygen, but from an excess of carbonic acid present." Now the feeling of suffocation is but an exaggeration of the "respiratory sense," or that "want on the part of the system which induces the respiratory movements." That this is due to the presence of carbonic acid in the lungs is the theory of Marshall Holl, who believed that the respiratory sense is located in the lungs, is due to the accumulation of carbonic acid, and is carried to the medulla oblongata by the pulmonary branches of the pneumogastric nerves. But there are facts in physiology and pathology which disprove this view. In some cases of heart disease, where the lungs are unaffected but the system poorly supplied with arterial blood, the sense of suffocation is very distressing. So, some have supposed that the respiratory sense is located in the right side of the heart, and is due to its distention with venous blood. John Reid believed it was due to the circulation of venous blood in the medulla oblongata. But in 1841 Volkman proved that the sense of want of air originated in the tissues, and he believed it was due to a deficiency of oxygen, though his experiments did not prove it. He showed that the impression was conveyed to the medulla oblongata, not by the pneumogastrics alone, but principally by the nerves of general sensibility. He found, after division of these nerves, that if the animal was deprived of air, it made violent efforts at respiration. He also found that respiratory efforts continued for quite a number of minutes after extirpation of both lungs.

Dr. Flint, Jr., has made this point the subject of experimental study, and arrived at the same

conclusion. He finds that if the chest of an animal be opened, and artificial respiration be carried on properly, the animal will make no efforts at inspiration, but if the artificial respiration be interrupted, the respiratory muscles are thrown into action, and the animal makes regular, and at last violent, efforts at inspiration. If an artery be exposed, it will be found that the efforts begin when the blood begins to be dark; then if artificial respiration be resumed, the efforts cease as soon as the blood becomes red again. But if while artificial respiration is carried on perfectly, an artery be opened and the system be drained of blood, the animal soon makes respiratory efforts, which become more and more violent, until, just before death, they terminate in convulsions. The same result follows when a ligature is applied to the aorta. And these results remain the same if both pneumogastrics be divided.

These experiments show that the sense of suffocation felt in asthma is due to a deficiency of oxygen in the tissues, and not to an accumulation of carbonic acid in the lungs, and we see how unphilosophical the doctor's reasoning is when he makes such statements as the following: "Now, as the arterial blood supplies the oxygen for the use of the tissues, and as this blood is circulating in much less quantity than in health, it follows that the amount of oxygen called for is equally less" He then goes on to argue that the chief expiratory force lies not simply in the elasticity of lung tissue, but in the motor property of the muscular fibres of the trachea, bronchi and air cells; that in paralysis of this force, the muscles of inspiration having lost their normal antagonizing force, are allowed to assume a condition of extreme contraction, hence the extreme chest expansion of asthma. The paralysis of the longitudinal and circular muscular fibres of the bronchi gives rise to elongation of these tubes, and allows them to bend upon themselves, producing the characteristic wheezing.

Now this is certainly an ingenious theory, but is it true? That the contractility of the pulmonary structure is the chief expiratory force used in ordinary respiration is doubtless true; it is also true that in emphysema we have a loss of this contractile force, for in extreme cases, after death, the lungs will protrude from an opening in the chest instead of collapsing, as they do in health. The experiments of Carson show that if a U tube be partly filled with water and one end introduced into the trachea of an animal just killed, and secured by a ligature, and the chest then opened, that the contractile force was equal, in the dog, calf and sheep, to a column of water from twelve to eighteen, and in the cat and rabbit, six to ten inches high. Therefore the normal contractile force of the pulmonary structure is believed to be the principal force used in ordinary passive expiration, by the great majority, if not all of the physiologists of the present day.

Dr. Cram believes that the bronchial muscular fibres contract with each expiration, which may be true, although, in a foot-note on page 384 of Flint's "Human Physiology," Vol. I, it is positively stated that these bronchial contractions do not take place in the physiological phenomena of expiration. But if asthma be due to paralysis it must, in the majority of cases, be temporary, and as such I know of no analogous condition. Paralysis due to central disease is never temporary, and reflex paralysis requires for its production a continual irritation for a length of time, and when it is produced it continues more or less until the irritation is removed, while temporary spasm is of very common occurrence.

Reference is made to pertussis and pleuritis, the doctor holding that in the first we have spasmodic action of the expiratory pulmonary aparatus, and that the fact that in this disease the chest walls are carried as far below the level of ordinary expiration as they are above ordinary inspiration in asthma, it follows that they cannot both be due to the same cause, but to opposite conditions.

In pertussis, according to Dr. Copeland, who has made numerous post-mortem examinations in this disease, the parts most constantly found altered are the mucous coverings of the epiglottis, trachea, and bronchi, and of the pharynx, and œsophagus, and as regards the nervous system, the medulla oblongata, and its membranes; together with these changes there is an over-sensitive condition of the membrane covering the upper air passages, rendering them morbidly sensitive to impressions, and as it is one of the functions of the nerves which supply these parts to guard against the entrance of foreign bodies, we have, as the result of this, from the least possible irritation, violent reflex action of, not simply the pulmonary apparatus, but all the expiratory muscles, while in asthma the parts involved are the smaller bronchial tubes, and the pathology so different that I fail to see the force of the doctor's reasoning. In pleuritis the chest movements are impaired, and the respiration feeble, simply because the distention of the lung, produced by a full inspiration, stretches the pulmonary pleura, produces friction of its surface against the cortal pleura, and gives the patient so much pain that he instinctively holds the affected side of the chest as motionless as possible.

Then, under the head of therapeutics, we are told that the mode in which ether, nitrite of amyl, and I suppose we may include chloroform, relieve asthma, is by paralyzing the inspiratory muscles. thus restoring the lost equilibrium, and in time allowing the expiratory pulmonary aparatus to regain its tone.

This is another ingenious explanation, but is it rational? Have we any evidence that ether or chloroform will paralyze one set of muscles more than another; and would it not be much more philosophical to suppose that if we have in a given case paralysis of the expiratory forces, and we use an agent which will paralyze the inspiratory forces, the result will be no respiration whatever?

While reading the doctor's article, I was curious to know how the effects of division of the pneumogastric nerves was to be explained, because, if in asthma we have for its cause paralysis of these nerves, then their division should give rise to the same phenomena; if the peculiar adventitious sounds heard over the chest in asthma are due to elongation and doubling of the bronchial tubes, consequent upon paralysis of their muscular fibres, then division should give rise to the same adventitious sounds; but this subject is dismissed by the statement that "when this vivisection has been performed on a dog or cat, the condition which follows is apparently identical with what we see in a paroxysm of asthma."

I cannot think that the doctor is dishonest in this statement, but if not, he must be sadly misinformed. Prof. Flint says that "when both nerves are divided in full-grown dogs, an experiment which we have often repeated, the effect upon the respiratory movements is very marked; for a few seconds the number of respiratory movements may be increased; but as soon as the animal becomes tranquil, the number is very much diminished, and the movements change their character. The inspiratory acts become unusually profound, and are attended with excessive dilatation of the thorax. The animal is generally quiet and indisposed to move. We have seen, under these conditions, the number of respirations fall from sixteen or eighteen to four per minute. Now is this "apparently identical with what we see in a paroxysm of asthma?" Four unusually profound respirations in a minute are very different from the respirations of asthma. To have a succession of profound inspirations we must have expirations equally deep. Besides, no reference is made to the wheezing, which is so characteristic of asthma, nor can I find it mentioned by any physiologist that I have been able to read, as ever occurring under these circumstances.

I do not know that auscultation has ever been practiced after division of these nerves; so to settle this point beyond any doubt in my own mind, I took, on November 1st, a medium sized healthy dog, and divided both pneumogastrics. The effect was precisely as stated by Professor Flint; at first the respirations were accelerated for a short time, but in thirty minutes they fell to from eight to ten per minute, in one hour six to eight, two hours five to six, four hours, when the animal lay quietly upon the floor, the respirations were four per minute. The inspirations were attended with extreme dilatation of the chest, but were immediately followed by expirations which were perfectly easy and equally profound. I kept this dog about my office for the next four days, and repeatedly listened to the respiratory sounds over the animal's chest, but was unable to distinguish any abnormal sound whatever, until on the fourth day there began to be indications that hepatization was taking place in the lower lobes. There was never any wheezing or any bronchial râles of any character, nor did the breathing resemble that of asthma in the least. Is it "clear," then, that asthma is due to paralysis of the pneumogastrics?

REED BURNS, M. D.

Honesdale, Pa., November 16, 1876.

Cholæmia.

ED. MED. AND SURG. REPORTER:—

In September of last year I was summoned twenty miles to see Mr. F. J. W., in consultation with Drs. B. and C. Mr. W. had inhaled five pounds of chloroform—one a day—for clonic spasms, other remedies failing to give relief. He had previously suffered three days, in a similar manner, and came through safely on the same treatment.

On the morning of the fifth day, without indication of asphyxia, or other premonitions, the body assumed a dark icterus hue; the pulse began to flag, and a speedy dissolution appeared imminent. When I arrived in the evening no hope remained to physicians or friends.

Discontinuing the chloroform, we increased the brandy and beef tea, his support during the day, adding am. carb. to the brandy. His writhing and screaming were terrible for a few hours, after which the spasms began to abate, the pulse to rally, and before morning he could speak, and the danger was past. It was many days before natural color returned, and health was restored.

Was chloroform the cause of the jaundice? If not, what was the cause? Could it have been from hepatic hemorrhage? The patient had been drinking freely, to which I largely attributed the trouble, yet no *mania a potu.*

Osage, Iowa. S. B. CHASE, M. D.

News and Miscellany.

Cremation.

At the last meeting of the Dresden Society for Incineration, 'Urne,' it was announced that at the Brussels Exhibition of Hygienic and Life Saving Apparatus, the gold medal was awarded to the Siemens system. It was also announced that for the erection of an incinerating furnace in Saxe-Gotha, preparations for which have already been made, considerable contributions have been received. The agitation on behalf of incineration, it was stated, is making slow but steady progress in other countries.

Another Death from Ether.

In Rahway, N. J., on January 5th, Dr. Westlake administered ether to Walter Lewis, aged twelve years, in order to extricate a tooth, and fifteen minutes afterward the boy was dead. It is believed that death resulted from an irregularity of the heart, as the ether administered was not enough to render him entirely unconscious. Dr. Westlake is prominent in his profession in Rahway.

A Noteworthy Operation.

Last week, at the Pennsylvania Hospital, Dr. R. J. Levis performed extirpation of the rectum for epithelial cancer. Three inches of the entire diameter of the rectum was removed, including the sphincter and anus. One straight incision was made from the coccyx along the raphé of the perineum, the rectum was dissected from the urethra, prostate and base of the bladder, drawn down and excised. Less than an ounce of blood was lost, and the patient, at last accounts, was doing well.

This is, we believe, the third time this operation has been performed in America, although Billroth of Vienna, has familiarized it to the German profession. We shall endeavor to present a full history of the case before many weeks.

The Relation of Mortality to Race.

From last year's Mortality Reports of Providence, Rhode Island, it appears that the rate of mortality in the population of the city, according to parentage, was as follows, for the two years 1875 and 1876, the population being reckoned at 100,675, according to the census of 1875:—

Population of	1876	1875
American parentage, one death in....	54.1	51.8
Irish parentage, one death in.....	52.8	53.7
English and Scotch parentage, one death in.....	63.3	51.8
German parentage, one death in.....	58.5	61.4
Other foreign parentage, one death in	39.2	48 9
Total foreign parentage, one death in	54.0	53.3

Personal.

—Dr. R. M. Bateman, of Cedarville, N. J., delivered the oration at the reunion of Prof. Sherman's pupils of 51-53, in the First Presbyterian Church, of Bridgeton, Dec. 27th, 1876. The occasion was one of great interest.

—An ingenious doctor, of the name of Janssen, having forsaken the practice of the Healing Art for the study of the Heavens, is busily engaged in putting the finishing touches to an "Automatic Photographic Revolver," which is designed to take photographs of the Sun once every hour in the course of each day.

—Laura Bridgman, the poor creature whom Dr. S. G. Howe rescued from the terrible isolation of blindness and deafness, and whose story Dickens told with such enjoyment, is now 47 years old. A writer in the Congregationalist describes her as good looking, and as very industrious, in spite of her blindness, knitting, crocheting, reading, writing, sewing, and doing very well as a pianist.

—Mrs. Hester Artis, of Kent county, Delaware, died December 26th, aged 116 years, 7 months and 1 day. She was born at Jamestown, Virginia, and the record of the date of her birth is preserved in a family Bible.

Small-pox in London.

LONDON, January 10.—According to the Registrar General's return the deaths from small-pox rose last week to one hundred and sixteen against seventy-five the previous week. The metropolitan hospitals contained eight hundred and fifty-nine small-pox patients on Saturday last, against eight hundred and twenty-three the previous Saturday. About two hundred cases were refused admission during the week, all available beds being occupied.

QUERIES AND REPLIES.

Chronic Diarrhœa.

Dr. B. Segnitz, of N. Y., commends, in these cases, the decoctum hæmatoxyli, a tablespoonful every two hours.

Digitalis.

Dr. J. D., of Mo.—"Is digitalis a cardiac tonic or a cardiac sedative?"

Ans.—Digitalis reduces the frequency but not the force of the heart; as a true sedative it does not compare with aconite or veratrum viride. It becomes a tonic by indirect action. See the subject fully discussed in Naphey's *Modern Therapeutics*, 4th ed. pp. 212, 213, 222, 223, etc.

Incompatibles.

Dr. A. P. J., of N. Y.—"I was taught that sulphate of quinine and carbonate of ammonia are incompatibles, and ought never to be administered in combination. Is this so?"

Ans.—They are chemically incompatible; the mixture forms sulphate of ammonia and free quinia.

MARRIAGES.

BUCKLEY—MONTGOMERY—On December 27th, by Rev. George D. Boardman, D. D., Helen M. Buckley and E. E. Montgomery, M. D., all of this city.

MATHEWS—SCOTT.—In this city, December 25th, by the Rev. L. B. Hartman, Abel J. Mathews, M. D., of Chalfont, Bucks county, Pa., and Ella Scott, of Philadelphia, daughter of the late Joseph Scott, Esquire.

MILLER—HUSTON.—On the 12th ultimo, at the residence of the bride's parents, by Friends' Ceremony, Benjamin Miller, and Clara, daughter of Dr. Charles Huston, all of Coatesville, Pa.

MILLIGAN—PINKERTON.—On Monday, October 2d, 1876, by Rev. W. M. Ingersoll, John S. Milligan, M. D., and Mrs. Mat. J. G. Pinkerton, both of Westmoreland County, Pa.

WORTHINGTON—COLLINS.—At the house of Hannah W. Collins, 52 west Twenty-second street, New York, by appointment of New York Monthly Meeting of Friends, Dr. Joshua H. Worthington, of this city, and Sarah, daughter of the late Stacy B. Collins, of the former place.

DEATHS.

APPLEY.—At Cochecton, Sullivan Co., N. Y., Jan. 6th, William L. Appley, M.D., aged 65 years.

BOGG.—In New York, on Friday, Dec. 22d, 1876, Martin Bogg, M. D

BRIDGHAM.—In Boston, Mass., at the City Hospital, 8th inst., Jairus G. Bridgham, House Physician, aged 21 years, 7 months.

CARSON.—In this city, Joseph Carson, M. D., on the 30th ultimo, in the sixty-ninth year of his age.

MALIN.—On the 27th ultimo, Mrs Mary C. Malin, wife of Dr. John Malin, in the 27th year of her age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1039.] PHILADELPHIA, JAN. 27, 1877. [Vol. XXXVI.—No. 4.

Original Department.

Lecture.

POTTS' DISEASE IN THE CERVICAL REGION—ITS TREATMENT.

Clinical Lecture by Prof. Lewis A. Sayre, Bellevue Hospital, January 3d, 1877.

Reported for the Medical and Surgical Reporter, by Nelson W. Cady, Student.

Gentlemen—To-day it is my intention to present some cases of Potts' disease before you.

I here show you an apparatus, which, as you see, is for the purpose of applying support to the head when the disease is located in the upper dorsal or cervical vertebræ. You see it is a very simple contrivance, very light—this one only weighs six ounces in all. When the disease is in the lumbar, and particularly in the dorsal vertebræ, the treatment, as you know, is very simple. The patient is suspended by his armpits and head, so as to cause extension of the vertebral column, and a close-fitting plaster jacket is applied—an operation which you have seen me perform so often. This is the best treatment, altogether, that can be applied in Potts' disease.

I say, if the disease be in the lumbar or dorsal region, we have simply to extend the child and suspend him by his own weight, then put on the plaster-of-paris jacket, which keeps him in position. But when the disease is in the cervical region, it has been found very troublesome to get the head extended; and this little child you see here is evidence of that fact.

Case 1.—F. B. K.; age four years; boy. This child is from California. Three years ago he fell off a high hobby horse, and immediately afterward, this lady says, the disease was developed. She saw the child fall at the time, and within a month the child began to complain of pain in his chest and shoulder, and along the front part of his body. He was treated for everything but diseased spine, by various physicians who saw the case. Two months after the trouble was detected in his back, and he was sent to the Indianapolis Surgical Institute, and an iron brace was applied to him.

Last summer he was directed to me, but from some cause or other, influence was exerted against bringing him to New York—nothing could be done outside of Paris; and she carried the child to Paris. There he had a very ingenious contrivance applied. It shows the wonderful skill of these Frenchmen in the way of mechanical contrivances in leather, iron and steel; but inasmuch as it shows no principle adaptable to the case of this child, or to this disease, it is merely so much time and money thrown away. And with all this expensive machinery, the child became worse than it was before. The child was brought to me two weeks ago, unable to stand, or even to sit in the arms of its nurse. It had to be held in the horizontal position all the time. By suspending him, he was made very much more comfortable, but his head was still hanging forward, and his eyes had taken on a peculiar sort of strabismus, which continued after the plaster jacket was applied. He soon got the use of his legs, but had constant pain in his neck, and it was not until I had put this "elevation" on his head that he could get any comfort at all. Now, you see, he can walk. I have been uneasy about him since that day, two weeks ago to-day, that

I put this apparatus upon his head, for I expected to be compelled to see him every day; but from that day to this, I have not seen him at all, and he is running around as fine as ever. His mother happening to call at my office with him, just as I was coming to the lecture, I have brought him with me, to show the result of treatment.

[The child was put on the floor and told to walk. He not only walked, but ran, showing how well he had recovered the use of his legs.]

That is pretty good walking, gentlemen.

Now I am going to put this instrument here on another child that may possibly be here before the lecture is over. You see how well this method works in the case before you, but, of course, you cannot form a clear idea of this case, since you have not seen the child before the instrument was applied to him. The instant his head is let down, even now, you see his eyes become crossed, and he begins to have that peculiar *old man's expression.* It may probably take some hours for him to get over the restlessness produced by it. It is hardly worth while to perform the experiment again.

But this little fellow is the picture of contentment, and what I want, is to draw your attention to the color that has come to the cheek. That is not the result of riding in the cold. His cheeks will remain red and rosy all day long; and that red color came almost the very day the thoracic support was given to him by the plaster jacket. Previous to that he was as white as this sheet, colorless, as they almost all are, from the want of perfect oxygenation of the blood. They have that peculiar grunting breathing, wh—wh—wh—! never expanding the chest, because its movement produces movement of the bones against one another, and they therefore voluntarily or involuntarily hold the muscles of the trunk so still as to prevent any inspiratory movement of the chest walls, and it is the want of air in the lungs that produces this peculiar pallid face. He is now the picture of perfect contentment, and has rosy cheeks, the result of full and free inspiration, notwithstanding the plaster jacket completely envelops his chest.

To return to the instrument. It is secured to the body by first applying a plaster jacket, then applying the instrument to the body over the jacket, and securing it firmly in place by these perforated tin strips, which reach around his body. The whole is covered with a plaster bandage. As soon as his plaster jacket has set, we suspend his head from this portable gallows, or jury-mast. It consists, as you see, of two parallel strips of iron, which follow the curve of the back along the lumbar and dorsal vertebræ. To two cross pieces at the upper end is secured this extension of steel, which follows the general curve of the child's head and ends in a sort of swingle-tree over the apex of the head. The ends of the swingle-tree, which is about four inches long, terminate in hooks, for the purpose of receiving the straps, from which, by means of a chin and head collar, the head is suspended. To see a child like that—perfectly paralyzed, a cripple, and a constant agony to its mother and friends, constantly and eternally crying from morning till night, and from night till morning again—running around without a particle of pain, this is enough to make one feel that life is worth living.

Case 2.—C. F. M., age five years; boy. This little fellow has the jacket already applied to his body, and the only trouble is that he has not had the head support put on. He has the disease so high up that the plaster jacket does not answer the purpose of giving perfect relief; therefore, I have had this apparatus constructed, and shall now apply it on the outside of the plaster jacket.

The iron strips of which the body of the instrument is composed are made of malleable iron, capable of being bent at will, to make them fit the curvature of the back and aid in overcoming any deformity. I have now fitted it to his back, and proceed to secure it in place by this plaster bandage.

The extension, which must be of steel, makes a sort of portable gallows, something like a jury-mast, such as sailors have to put up in place of one that is lost or broken.

Do you notice his peculiar grunting respiration?

The disease is too high up in the dorsal vertebræ to be relieved by the plaster jacket. It can only be relieved when this suspension apparatus is put on him, and it is very likely that soon after it is applied he will walk about.

[As soon as the child's head was suspended from the cross tree, it ceased its peculiar grunting respiration gradually, and soon was breathing with perfect comfort. While before the application of the instrument its chin was resting on its chest and it could make no move-

ment, now it was able to turn its head from side to side with comparative ease.]

I never saw a more beneficial application of this principle of thoracic support than I saw this morning, at my office, in the case of a child, brought to me by Dr. Campbell, of Harlem. He brought me a little girl, about seven years of age, with an abscess forming in the lower dorsal and first lumbar vertebræ. I was really unwilling to put the jacket on her, on account of the acute abscess then forming. The little girl was unable to stand, or even to sit, when supported, but had to be supported in the horizontal posture all the time. The disease developed when she was but a year old, and finally got so bad in the last two months as to deprive her of the use of her legs. I was unwilling to apply the plaster jacket, thinking that, on account of the abscess, it would do more harm than good. But the doctor begged me to put it on her, since he could carry her home in safety only in that way. We suspended the child and put the plaster jacket on her, with the promise that I could cut it all off again if I thought it likely to result in any harm. To my utter amazement, as soon as the plaster had "set," she was so perfectly comfortable that she walked around without putting her hands on her knees, or reaching for support. There were several gentlemen in the office to see the case, and I regret that they are not here now, to see the effect of giving support to diseased bones in any situation.

Communications.

MATERNAL IMPRESSIONS ON THE FŒTUS.

Extract from a paper read before the Linn Co. (Oregon) Medical Society,

BY J. L. HILL, M. D.,

Of Albany, Oregon.

A popular belief is extant that the mind of the mother often affects the child in utero, either beneficially, in giving clearness of intellect and perfect physical development, or hurtfully, in producing obtuseness of mind and physical deformity. I have said it is a popular opinion, yet it finds credence with many medical minds, while there are many in the medical profession who wholly deny its possibility. My tutoring in physiology, while in the lecture-room, if I mistake not, was adverse to the theory of maternal impressions shaping the anatomical development of the unborn child. I conceded it reluctantly, for I had not the testimony at hand to creditably sustain my preconceived opinions to the contrary, but further observation, supported by the conclusions of some of the most skillful and scientific men of the profession, warrant me more fully in believing the popular mind not to be based upon a woman's whim, as we frequently hear remarked, but to be a deduction from facts.

I commence with a few instances from my own knowledge :—

A lady, at present a resident of this county, became frightened, during pregnancy, by seeing a man who suffered the loss of a limb, and when her child was born, it was minus the fingers of one hand, and one leg from the knee down was absent. She was impressed with the belief that her child would not be right.

Another lady, not far distant, became greatly frightened by a rattlesnake during the earlier months of pregnancy, and when her child was born, its head was almost a *fac simile* of that of a snake. It was stillborn.

Another lady, whose mind, during pregnancy, was more than usually exercised about a pet squirrel, gave birth to a child with a squirrel head, squirrel hands, and the fore-arms, in shape and general appearance, were identical with the fore-legs of a squirrel. It soon expired.

A lady, with whom I am well acquainted, became greatly agitated in mind while pregnant, by a big dog rearing upon her shoulder with his paws, while she was sitting upon the door-sill conversing with some lady friends. When her child was born it had an exact pattern of a dog's foot on its shoulder, and more remarkable still, this mark was thickly studded with hair resembling the hair to be found on the foot of a dog. The mother of the child is a very intelligent lady, and accounts for the mark through the circumstances above referred to.

I limit the mention of such cases within my knowledge, to give place to the testimony of others, which I will here quote.

Prof. William A. Hammond, of New York, gives the following, which occurred in his own practice. A lady, in the third month of pregnancy, was very much horrified at the sight of her husband, who was brought home with a severe gash upon his face, from which the blood was pouring out. After recovering from

a fainting spell she was seized with hysteria. When she became more composed she told Dr. Hammond that she was fearful lest her child would be affected in some way, so great was the impression on her mind. The child, when born, was a girl, and had a red mark on the face, corresponding in situation and extent to the wound upon the father's face. She was also idiotic.

Professor Dalton mentions the case of a lady who dreamed that she saw a man with a portion of one ear cut off. When her child was born it lacked a portion of one ear, which corresponded in appearance to what was presented in her dream.

Dr. Delacaux, of Paris, gives an account of a woman, who was employed as cook, becoming intensely horrified during the third month of pregnancy, by seeing a porter with a hare-lip and an amputated leg. Three months from that time she was delivered of a six months' fœtus, with a horrible deformity of the upper lip and jaw, and the right leg was amputated.

A CASE OF NERVOUS ŒDEMA.

BY E. A. COBLEIGH, M. D.,

Of Warren, Ohio.

The following case, reported by me to the Trumbull County Medical Society at a recent meeting, may be of interest to some of your numerous readers, wherefore I send it for publication.

A lady, of the middle class of society, 32 years of age, medium height, stout build, but not corpulent, married, and the mother of three children (the youngest about three years of age), called at my office, and gave a history as follows:—

She had always been quite robust, and scarcely knew a pain since childhood, except during gestation and in labor. Her general physique bore testimony to the truthfulness of this assertion. About 10 o'clock on the morning of her visit to my office, while dressing her hair preparatory to a shopping excursion, she felt a sensation as of suddenly being crushed in a vise. This peculiar feeling confined itself to the head and upper extremities. The morbid sensation lasted but a moment, and was immediately followed by a rapid bloating of the affected parts, accompanied by tingling and disagreeable tension of skin. On assuming the recumbent posture, swelling became excessive. She, therefore, rose, and found herself considerably relieved in a short time, the bloat disappearing as rapidly as it came on, until it reached a certain point, when further improvement ceased.

On raising her veil I was impressed by the œdematous appearance of her face, which was very marked. The palpebræ, joints of upper extremities, neck, scalp and cheeks were quite puffy, disfiguring, especially, her features. Except the foregoing symptoms, she claimed to feel perfectly well.

There was undoubted evidence of extensive effusion of serum into the subcutaneous tissues, but a rigid examination and questioning failed to elicit signs of disorder in the thoracic organs, or in the uterine, digestive or urinary systems. I found her addicted to the use of the corset, but not a tight lacer. Menstruation seemed unusually regular and perfect, and she was certainly not a woman likely to be called hysterical, nor one whose nervous system would be prone to disorders.

Satisfied, however, that her sudden illness depended on no organic lesion, I directed her corset abandoned for the present, prescribed a full dose of magnesium sulphate, to be followed during the rest of the day by potassium bromide, in ten-grain doses every two hours, and pil. hydrarg., two grains at bedtime. Requested her to call again next day.

Saw her the following evening. Œdema had nearly disappeared, and she felt none of the other symptoms. Ordered the bromide of potassium continued in ten-grain doses, three times a day, for a week, with attention to bowels.

Seventeen days later she called again, with slight tumefaction of face, but none perceptible elsewhere. Said she had followed directions, recovered and remained well up to previous evening, when, without apparent cause, a trivial return of the trouble occurred. Ordered saline cathartic. At midnight was hastily summoned to her house, where I found her suffering exceedingly, with great œdema of the parts attacked on the first occasion. There was complete closure of the eyes, from immense swelling of their lids, and she complained of lancinating pain in the eyeball, which I attributed to pressure of its tumefied surroundings. She said that after visiting me in the forenoon, and taking the medicine ordered, her bowels moved

freely, and the effusion of serum had speedily been reabsorbed. At nine, or after, she retired, well, fell asleep, and had been awakened by the excruciating orbital pain, just before sending for me. There was much tingling and distressing sensation of tension in the swollen parts. For the pain she suffered from, I gave one fourth of a grain of sulphate of morphia, with twenty grains of bromide of potassium for relief of the nervous disturbance, and also had her placed at once in a hot bath, to stimulate capillary circulation. After the bath, diaphoresis occurred; she was comfortably disposed in sitting posture, and in an hour very perceptible diminution of the œdema had taken place, with complete relief from orbital pain, and improvement of superficial hyperæsthesia, Directed repetition of bromide of potassium in an hour, and full dose of Epsom salt afterward. At 11 A. M. next day, found her sleeping and free from bloat or suffering. Ordered the bromide continued in five-grain doses, for a fortnight, with occasional hot baths as a part of her regular habit.

Saw no more of her for forty-six days. At the end of that time she presented herself at my office, having experienced a fourth visitation of her ailment, at the tea-table, on the previous evening. The cathartic and bromide of potassium of my former treatment had been resorted to early, by herself, without consulting me. This seizure was trivial and of short duration, but she had now become thoroughly alarmed, and insisted on an examination of the chest, fearing heart disease. Could find no physical evidences of intra-thoracic lesions, nor had symptoms of organic disturbance elsewhere presented themselves. Fully assured that she was not suffering from any incurable malady, she departed, to return four days later. Twenty-four hours after her last visit, another return of slight œdema had occurred, and another on the day before her present call—three attacks in six days, but irregular as to hour of onset. Having now assumed a tertian form of periodicity, I suspected malaria as the causative agent of her trouble, though no chill nor fever had developed during my observation of the case, and she did not live in a particularly malarious location. Former treatment was accordingly suspended and quinia given, twelve grains, in divided doses, so as to anticipate any threatening attack of her old trouble, with mercury, for its action on the liver. This course of medication she kept up only six days, when, apparently cured, and tired of taking medicine, she ceased further treatment. I saw her for the last time about three weeks after this, and she was then in excellent health, with no return of any bad symptoms. Losing sight of the patient, I was unable to follow up her history as I would like to have done, but give these details of a peculiar, and to me, at least, deeply interesting case.

During her entire treatment menstruation was undisturbed. At no time were there evidences of the least congestion, except superficially, and at the points of effusion, while her general health and strength were unimpaired. The heart's action was not interfered with, nor the mind depressed, save when pain occurred, and when, on two occasions, she became alarmed at her condition. I considered the effusion a purely physical exosmose of serum through the walls of the capillaries, dependent upon disturbance of the nerve-force which regulates the condition, density and resistance of these minute vessels in health. Was it caused primarily by malarial influences? I leave this question for the reader to answer for himself, hoping that if any one has met with a case similar to mine, he will report it, with practical deductions therefrom.

OBSERVATIONS ON THE TREATMENT OF DIPHTHERIA.

BY A RETIRED PHYSICIAN.

The prevalence of diphtheria in various portions of the United States at the present time, has tempted me, a physician of age and experience, to give my views upon the treatment of this important and fatal disease. The treatment will be best considered under two heads, local and general. The old local treatment still holds its own, from the time of "Bretonneau" to this day—the nitrate of silver and muriatic acid. The strength of his solution is half an ounce of nitrate of silver, to one ounce and a half of water. This to be applied only to the diseased parts, not swabbed all over diseased as well as sound tissue. The success of this application depends upon the care with which it is applied. It is best applied by means of a piece of soft velvet sponge, fastened upon a proper handle. If the parts are much diseased the application should be made three times in the course of twenty-four hours. It

should be followed in all cases by a warm gargle of equal parts of—

℞. Potass. chlorat., Sodii chloridi, āā ℥j
Acid. hydroc. dil., fl.℥ij
Tinct. ferri sesqui., fl ℥iij
Mel. desp., fl.℥j
Aquæ. fl.℥xj. M.

Sig.—The mixture to be used as a gargle.

The patient shall take internally a tablespoonful in half a wineglassful of water every four hours. A glass tube should be employed, to save the patient's teeth. This is a dose for an adult; in the same proportion for children.

Should the nitrate of silver not remove the membrane, but rather thicken and swell the parts, we then employ the muriatic acid, or what I have found more efficacious, the nitric acid and honey, equal parts, applying it to the pseudo-membrane by the sponge, and washing after it with a solution of carbonate of potash. When fully satisfied the membrane invades the glottis, which is only known by loss of voice, hoarseness and whispering, the diluted acid mixture is passed down over the glottis, and then pressed against the base of the tongue, by raising strongly the handle of the probang, in order to express a few drops upon the mucous lining of the larynx; see that the probang is not passed into the stomach. This, if properly done by a curved handle brush, which can be had of one of our instrument makers, causes a most distressing feeling to the patient, of impending suffocation. He should be near an open window or door, so as to have an abundance of air, or cold water should be ready to dash into the face; he will recover in a few seconds. This cauterization is to be performed at first once a day, and then, if the patient's voice and respiration improves, every second day. M. Valleix employs waxed thread to fasten the sponge to a piece of curved whalebone; this can be warmed and curved into shape by heat.

When we make such powerful applications to children we should have at least two assistants, so as to hold the head well thrown back, and the hands and feet secured. The physician must depress the tongue with the handle of a spoon, or a bone spatula, held in his left hand, while he holds the pencil or sponge mop in his right.

We have great faith in blood-letting by leeches, if called early to the case; that is, when the child is strong and vigorous; in four cases recently so treated, they all recovered. We use the leeches either in front or on the swollen gland of the neck. If the case is not seen until the third day, and prostration is shown by signs of weak pulse, loss of appetite and restlessness, depletion will be of no use. If we cannot employ depletion, we have three remedies to fall back upon, but each of them must be carefully guarded by tonics or antiperiodics, namely, mercury, in the form of calomel, antimony, in the form of antimonial wine, or the golden sulphuret, with Dover powder, or the tincture of aconite root, or fluid extract. Of the last, in doses, for an adult, from one to four drops, or of the tincture from three to ten drops, in water, so as to reduce the heat of skin and pulse, produce free perspiration, and cause removal of the disease.

Should we be sent for still later in the disease, or have to treat a gangrenous form, and find our patient weak and prostrated, the tonic and stimulating treatment should be combined with the local treatment, and wine whey, milk punch, and the strongest broths, should be given every few hours, in small quantities, while the following mixture should be given every four or six hours:—

℞. Quiniæ disulph., grs.xxiv
Tinct. ferri sesqui., Acid hydroc. dil., āā ℥ij
Aquæ, ℥x
Syr. simp., fl.℥ij M.

Sig.—A tablespoonful in water, every four or six hours, for an adult.

The following gargle may be employed, to act as a detergent and for removing the offensive secretion:—

℞. Acid. carbolic. dil., ℥iij
Glycerini, ℥iij
Aquæ, Oj. M.

Employ as a gargle several times a day, for an adult.

The diet in this disease, in all its stages, should consist of milk, gruel, light broths, beef-tea, etc.

There are a few rare forms which this disease assumes, affecting the nose, eyes, wounds, blistered surfaces—albuminuria, hemorrhage, purpura, and paralytic affections. The invasion of the nose by diphtheritic inflammation and deposit is shown by redness of the margin of the nostrils and a profuse discharge of sanious ichor, excoriating the upper lip.

This has to be kept clean by the nasal douche, with salt and water, and the occasional use of the following gargle and wash in the douche :—

℞. Calcis chlorinat., ʒj
Aquæ, Oj. M.

Sig.—Use in the douche every three or four hours, mixed with an equal quantity of warm water.

Frequent epistaxis will follow this affection of the nares, and we have also hemorrhage from the throat; these must be checked promptly, for the loss of the blood, by exhausting the already enfeebled powers of life, will often determine that the case will be fatal.

In this hemorrhagic class of cases no one remedy will produce such good results as the liquor ferri persulph., or Monsell's solution, for local as well as internal administration. In diphtheria of the conjunctiva, where the palpebral as well as ocular surfaces are concealed by a thick layer of coherent lymph, the most successful treatment is to peel off, partly by scraping with a scoop, and partly by forceps, the whole false membrane, and brush the conjunctiva in every part with a strong solution of nitrate of silver, while a saturated solution of chlorate of potash, in glycerine and hot water, is used as a wash to the eyes. This is to be removed again by the use of tepid water and milk, equal parts. Internal administration of the mixture before directed, of chlorate of potash with quinia sulph., is absolutely necessary. Diphtheritic exudations on the skin of rectum, vagina and blistered surfaces are to be removed, and the parts washed with liq. sodæ chlor., ʒss., to the pint of warm water, and, if not removed, a stronger preparation of acid or nitrate of silver is to be applied.

Albuminuria is a frequent but not a constant attendant upon diphtheria. To determine this condition, apply heat to a portion of the morning urine; it is easily detected, if the quantity is small; by adding a small portion of nitric acid, to neutralize any alkaline salts in the urine, it can be more readily seen; in every case the urine should be boiled, either in a test tube, or in an old spoon, over a lamp or gas burner. When albuminuria occurs in diphtheria it usually occurs early in the disease, differing essentially from scarlet fever, in which the albumen occurs late in the affection. If there are no casts of the urinary tubes it is not to be regarded as a very serious complication, as we have had patients with large quantities of albumen in the urine in this disease, and yet recover. But should casts be discovered by a powerful lens, or on a microscopic examination, it must always be regarded as a very serious complication. There is no better remedy than the one before ordered, of chlorate of potash and sesquichloride of iron, adding the liquor ammonia acetatis in this complication of the disease, with the free use of the warm bath, and flannel all over the body of the patient.

Purpura, with an irregular mottling of the skin, with hemorrhage from the various outlets of the body, is also a complication. It is to be treated, as we have already stated, by the salts of the persulphate of iron, also gallic acid and powdered peruvian bark, in large doses, or bisulphate of quinine. Where the bark irritates the patient's stomach, or either should have this tendency, they can be administered by the rectum, in liquids, forming combinations with a wineglassful of boiled starch or thick gum mucilage; or, still better, in the form of rectal suppositories, made of cocoa butter, in the proportion of quinia sulph., grs.v in each, with one-eighth of a grain of morphia sulph. The gallic acid should be given in ten-grain doses, in this way, or one-third less than by the mouth.

The last of the sequelæ of diphtheria of which we will treat is paralysis, which may affect the neck or produce hemiplegia. In these latter attacks it is usually ushered in with convulsions, and the patient will partially recover by means of local depletives, ice, etc., with the use of large doses of bromide of potassium or sodium, and when all acute symptoms have passed away, strychnia, in minute doses, the cold bath, frictions, and the galvanic or faradic current.

A NEW SPLINT FOR FRACTURES OF THE FORE-ARM AND HAND.

(WITH TWO ENGRAVINGS.)

BY E. H. COOVER, M. D.,
Of Harrisburg, Pa.

Some ten years since, my attention was directed to the want of a splint of better form for the treatment of fractured limbs. I then designed the form as represented by the engravings.

The splints can be carved from wood, or pressed from metal and rubber. Selecting the

fore-arm and hand as a base for experiment, practice and experience have convinced me that, with my improvement, the ends of broken bones, when adjusted, can be retained in apposition, and the limb be at ease. The cuts do not do justice to the splints, but every physician and surgeon who sees them, or who may have occasion to need in his practice a splint, will at once be impressed with their practicability. The splint has been used by me in private practice for ten years, and I have no hesitancy in recommending them to the profession. The natural shape of the limb has been greatly overlooked in the treatment of fractures, which have so often occasioned deformity and much suffering. It is well known that unless the splint used for the treatment of a fracture adapts itself to the natural shape of the limb, it will be impossible to keep the fractured ends of the bones in apposition, or give the limb rest and ease; but this splint is so carved and shaped as to exactly (or as nearly so as can be) adapt itself to the inner surface of the arm and hand, thereby making a solid base for the limb to rest upon, with such depressions as the natural inequalities and irregularities of the same may require.

FIG. 1.

FIG. 2.

The advantages of this splint are based upon the following facts, viz :—

First. That it adapts itself to the natural formation of the parts applied.

Second. When applied, and the ends of the bone are in apposition, the chances for immediate union are secured, because the bones are not liable to displacement on account of the limb retaining its natural shape; and having a solid base to rest upon, it needs no packing, which is a valuable consideration.

Third. By the use of this splint, when the bones are in apposition, there are no violent contractions of the muscles, nor strain upon the ends of the broken bones, but all the parts are at rest. The patient is entirely (all things being equal) free from pain.

Fourth. The engravings represent two splints shaped somewhat different at the hand.

Engraving, Fig. 1, can be used for all fractures of the arm and hand, with the fingers flexed upon the hand, and passive motion can be directed the first, second, or third week, as the attending surgeon may direct, thereby keeping the tendons loose in their sheaths, and the patient will be enabled to secure the use of his limb sooner than by the use of any other splint.

Engraving, Fig. 2, will serve the object better where the surgeon desires to keep the hand and fingers extended.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SURGICAL CLINIC BY JOHN H. BRINTON, M.D., Wednesday, January 3d, 1877.

REPORTED BY W. W. VAN VALZAH, M. D.

Gentlemen:—The first case to which I will direct your attention this morning is one of disease of the upper part of the shaft of the femur. The patient is a negro woman, aged 19, a domestic; and she tells me that until the last few months she has always enjoyed perfect health. About ten months ago she experienced a pain in her left hip, which gradually became more and more severe, and was accompanied by swelling of the hip and thigh. About seven months since, these openings, which I show you, made their appearance, one over the trochanter, and one much lower down, on the outside of the thigh. From both of these apertures there has been a constant, although not a very profuse, purulent discharge.

Now, what is the affection? The girl indignantly denies any imputation of a syphilitic nature, earnestly protesting that she has always lived a proper life, and on careful examination, I can discover no specific indications. She has never received any injury to the hip, and cannot remember that she has fallen upon or bruised the part. In fact, the history of the origin of her trouble would appear to be

altogether negative. It is more than likely, however, that the disease of this bone is of scrofulous nature, since it is a well-known fact that the negro race is apt to suffer from this diathesis.

In order to arrive at a just opinion as to the amount of disease, I have had the woman anæsthetized, and I will now make a careful exploration of the parts. You observe, directly over the great trochanter, a fistulous orifice, and also another at the lower part of the middle third of the thigh. Through the upper opening, which I enlarge with my knife, I now pass my finger, and carry it down to the trochanter. The outer surface of this protuberance is bare of periosteum, roughened, and carious, and this carious condition I can trace downward for a couple of inches, upon the shaft of the bone. The neck of the femur, I find, by passing my finger in that direction, is intact, and unaffected by the disease. Now, whatever may be the cause of this trouble, the indication in treatment is plain, namely, to open the parts by a free external incision, and then, with my cutting bone forceps and pliers, to remove all of the trochanter and shaft of the femur which may be in a carious or necrosed state. Having, as you observe, now effected a free removal of the diseased bone, I shall plug the wound with lint saturated with a styptic solution, in order to arrest the bleeding, which is rather profuse. The after treatment will be simple enough—a little opium, internally, for the first few hours, and for the wound a careful dressing. I have no doubt that healthy granulations will be developed, leading to a good recovery.

Amputation at the Knee Joint.

Our next patient is in a bad condition, and for his relief a serious operation is necessary; one which I shall perform with some anxiety. Here is his history: he is a carpenter, 32 years of age, married. On the 11th of November last he fell from a height of two stories, to the ground, fracturing both bones of the leg, in two places, the uppermost point of fracture being compound, just below the knee-joint. He was admitted to the hospital immediately after the accident, and every attempt has been made by my predecessor to save the limb. Great inflammation of the leg and thigh, resulting in profuse suppuration, has occurred, and the patient's constitution has suffered in a marked degree.

Now, gentlemen, what can be done for this man? shall further attempt be made to save his limb, or shall a conservative treatment be abandoned and the part amputated? This is a most serious question, involving, as it undoubtedly does, the man's chances of life. My mind is already in great part made up in favor of the amputation, and for these reasons: the attempt to save the limb has already been faithfully and skillfully made; proper dressings have, for weeks, been applied; local cleanliness and full drainage have been rigidly enforced, and the constitutional symptoms have been met, as far as possible, by general tonics, and by a judiciously selected diet. Yet see the result, to-day. At the point of fracture just below the knee, no union has taken place between the fragments. The leg is infiltrated with pus; and upon the thigh, as you notice, are two openings, one upon the inner and one upon the outer side, the vents of large abscesses which have here formed. The patient's general condition is bad; his pulse ranges from 120 to 130; he is emaciating, and gradually becoming weaker and weaker; in a word, he is rapidly going from bad to worse, and unless we can do something for him he will die.

I have explained his state to him and to his friends, and have told them that I would place him under ether, examine the condition of the fractured bones, decide as to the propriety of an operation, and if necessary, perform it at once. He is now anæsthetized, and when I thrust my index finger into the limb, at the point of fracture, I find the extremities of the bones perfectly bare, stripped of their periosteal covering to a considerable extent, and bathed in pus. Indeed, from this point my finger readily passes down the leg, and up into the thigh, along the track of great sinuses, leading to foul abscesses. You see, too, that a very copious hemorrhage, of venous character, is taking place. I must decide quickly, and with the advice of my colleagues, Drs. Allen and Maury, this is my decision—immediate amputation of the limb, for resection is out of the question.

Having applied the tourniquet upon the femoral artery, I now remove the leg at the knee-joint, cutting, as you see, a long anterior cutaneous flap, opening the articulation, dividing the crucial, lateral, and posterior ligaments, and making upon the posterior surface, a short flap. The popliteal vessels I cut squarely on the line of the joint; I now saw off the projecting condyles of the femur in a semicircular direction, from above downward. The patella I leave in the anterior flap; the semilunar cartilages I have taken away with the leg. With the aid of my colleagues, I now tie the popliteal artery and vein, using separate ligatures, and marking the ends of the threads by knots, for future identification; I also tie one or two smaller branches, given off in this neighborhood, probably the upper and middle articular vessels. The popliteal having been divided above the origin of the inferior articulars and surals, I am relieved from the ligation of these vessels. This I consider an important point in the operation, lessening, as I firmly believe it does, the danger of secondary bleeding. The hemorrhage is now controlled, and I will leave the parts open to the air for a little while, until the glazing of the cut surfaces shall take place.

In the meantime, let me say a few words to you regarding amputation at the knee-joint and at the knee, operations of comparatively recent date, and which have been brought to the notice of modern surgeons by Velpeau, in France, in 1829, and later by Syme and Cardan, in

Great Britain; and in this country by Drs. Stephen Smith, Markoe and myself. For a long time the propriety of this disarticulation was a mooted point; now, however, it is so no longer. The value of the operation is to-day conceded, and this value depends in great part upon the lessened mortality of amputation through the knee joint, or just above it through the cancellated structure of the femur, as compared with any of the ordinary amputations of the thigh. Taking all the reported cases of knee and knee joint amputations, both primary and secondary, which I have been able to collect, I find, in the aggregate, a mortality rate of about 32 per cent. The fatality rate of thigh amputations is much higher, varying from 40 to 65 or 70 per cent., according to the statistics of various writers; whilst the death rate of leg amputations is about 35 per cent. This comparison clearly evinces the advantage of the disarticulation of the knee in proper cases; an advantage which I think is dependent upon the lessened shock of operation, the reduction of the amount of suppurating surface, and by the diminished risk of pyemia. The latter consequence of amputation is, as we know, often dependent upon osteo-myelitis or inflammation of the medullary cavity of the bone. In the operation which I have just shown you, the medullary cavity is not opened or sawn across, and the patient thus has every chance of escaping one of the most dangerous accidents which so often accompanies the removal of a limb.

One of the dangers which is common to this, as to every other amputation and large operation, is secondary hemorrhage. In my own experience, which in amputation of the knee is now large, this after-bleeding not unfrequently comes from the articular vessels, and it is for this reason that I always cut the popliteal short, above the origin of the middle and inferior branches, so as to lessen this risk as much as possible; and here let me advise you not to employ the mode of amputation by the large posterior muscular flap; since the vitality of the gastrocnemial muscle, included in such flap, must depend upon the integrity of the sural arteries. Inasmuch, however, as these cannot well be preserved without increased risk of secondary bleeding from the articular vessels of higher point of origin, I think the posterior flap method should be rejected.

You will naturally inquire as to the value and utility of the stump left after the amputation in question. I can only say to you, that it is excellent, and such you will find to be the testimony of the manufacturers of artificial limbs, who see so many cases of amputation after they have, as it were, passed from the surgeon's notice. The degree of movement of the stump is wonderfully great, especially the power of rotation dependent upon the preservation of the insertion of the adductor magnus muscle.

In the case before you, the bleeding has now entirely ceased, and I shall close the stump by a few points of metallic suture, carefully avoiding twisting the wires too tight. I leave them a little loose, so as to prevent them from cutting out, when swelling of the flaps shall ensue. I also see that the angles of the wound are freely open, so as to ensure perfect drainage. Into the openings of the thigh abscesses, I place drainage tubes. A few strips of adhesive plaster, just enough to give support, complete the dressing of the stump, which I cover with a cerate cloth. To-morrow, or next day, I shall direct this to be changed for a square of lint, dipped in carbolic acid solution. The stump I now place upon a pad of cotton, on a pillow, and leave it exposed, so that the occurrence of any bleeding may at once be detected by the nurse, who will be stationed at the bedside. I shall direct a full dose of opium, and as the patient is very weak, I shall take care to have him properly nourished and stimulated. What the result of this case may be I cannot tell, but of one thing I am right sure, that the man has now his best chance of life.

COLLECTION OF PRESCRIPTIONS FOR DISEASES OF THE NERVOUS SYSTEM.

BY C. C. VANDERBECK, M. D.

Having for years carefully preserved the copy of the prescriptions ordered for patients at the various clinics of our numerous hospitals and dispensaries, at which I may have been attending, I now submit some of them to the readers of the MEDICAL AND SURGICAL REPORTER.

SCIATICA (*Non-rheumatic*).

℞. Quiniæ sulph., grs.xij.

Sig.—Two grains every four hours, in solution.

℞. Tinct. iodinii.

Sig.—Paint the painful part with this once a day.

℞. Morph. sulph., gr.$\frac{1}{6}$.

Sig.—Give hypodermically, once a day.
Da Costa.

SCIATICA (*From Lead Poison*).

℞. Pot. iod., gr.x
Syr. tolu,
Aquæ, āā ʒj. M.

Sig.—One dose, ter die. *Da Costa.*

TRAUMATIC SCIATICA.

If the case is seen early, leeches should be applied; or a few wet cups may be used. Perfect rest of the limb should be enjoined.

℞. Pot. iod., ʒij
Spt. etheris nit., ℥ss
Syr. simplicis, ʒj
Aquæ, ʒiss. M.

Sig.—Dessertspoonful three times a day.

DOUBLE NEURALGIC SCIATICA.

Full, nutritious diet. Life in the open air. Such use of hypodermic injections of morphia as shall insure ease from pain; also:—

℞. Pil. ferri. arsenic. et quiniæ.

Sig.—One pill after each meal. *Da Costa.*

EPILEPSY (*Syphilitic*).

℞.	Pot. iod.,	grs.v
	Pot. brom.,	grs.xv.

Sig.—Taken in solution, two hours after each meal. Increase, after a time, the iodide. Small blisters may be applied to the back of the neck. The bowels should be moved occasionally.

EPILEPTICAL SEIZURES AT THE MENSTRUAL PERIOD.

The case in question was a young woman who menstruated only once in six weeks, and then the flow was very scanty. The convulsions were pronounced to be due to reflex irritation, from congestion of the ovaries.

℞.	Aloes,	gr.j
	Belladonnæ ext.,	gr.$\frac{1}{6}$
	Capsici,	gr.$\frac{1}{4}$.
	Ft. pil.	

Sig.—Taken every evening, for a few days before menstrual period. Just at this time, leeches, applied over the ovaries, and warm baths, will be of service. The diet must be of easy digestibility.

Also use the following prescription:—

℞.	Pot. brom.,		grs.xx
	Tinct. belladon.,		♏ij
	Syrupi,		
	Aquæ, āā	q.s., ad. ft.	℥ij.

Sig.—One dose, three times a day.

It may be remembered that it was in just such cases as these, of convulsions attending disorders of menstruation, that bromide of potash first came into use. It was soon discovered that its antispasmodic virtue extended to all forms of epileptic seizures, whether connected with some obvious irritation, or having no such dependence, being idiopathic in character.

IDIOPATHIC EPILEPSY.

℞.	Sod. brom.,		grs.x
	Tinct. aurantii cort.,		♏xx
	Tinct. belladonnæ,		♏ij
	Mist. acaciæ,	q.s., ad. ft.	℥j. M.

Sig.—One dose, taken in water, two hours after each meal.

Or—

℞.	Potas. bromid.,	℥iij
	Ammon. bromid.,	℥iij
	Pot. bicarb.,	grs.xx
	Tinct. columbæ,	℥iij
	Aquæ,	℥xij. M.

Sig.—Teaspoonful to tablespoonful, ter die.

The addition of the columbo makes the mixture more agreeable to the stomach, and also acts as a mild tonic, and it also preserves the liquid from becoming flocculent, as it tends to do when the menstruum is composed of water solely.

NEURALGIA.

℞.	Veratriæ,		grs.x–xx
	Adipis,		℥j. M.
	Ft. unguentum.		

Sig.—Apply to part.

Also—

℞.	Aconitæ,		gr.ss
	Veratriæ,		grs.x
	Adipis,		℥j. M.

Sig.—Apply to part.

NEURALGIC HEADACHE.

℞.	Quiniæ sulph.,	grs.xij
	Morph. sulph.,	gr.j. M.

Triturate in a mortar, and divide into twelve powders.

Sig.—One powder every four or five hours.

SUPRA-ORBITAL NEURALGIA (*Syphilitic*).

℞.	Pot. iod.,	gr.x.

Sig.—One dose, ter die, in solution, after meal. Increase the dose to twenty grains, after a time.

Also—

℞. Ung. aconitæ, strength, gr.ss, to adipis, ℥j.

Sig.—Rub over painful part.

UNCOMPLICATED SUPRA-ORBITAL NEURALGIA.

℞.	Arsenici,	gr.$\frac{1}{24}$
	Ext. conii,	gr.j
	Ext. cannabis ind.,	gr.$\frac{1}{2}$.

Sig.—One dose, ter die. *Da Costa.*

OBSTINATE NEURALGIA.

℞.	Sodæ arseniatis,	gr.$\frac{1}{10}$
	Cinch. sulph.,	grs.ij
	Conii ext.,	gr.j.

Sig.—One dose, ter die. During the paroxysm use hypodermic injection of morphia.

CEREBRAL NEURALGIA.

℞.	Chloral hyd.,	grs.x
	Pot. bromid.,	grs.xx
	Syr. aurant. cort.,	℥ss
	Aquæ,	℥iss. M.

Sig.—One dose, at bed time.

Also—

℞.	Tinc. cinch. comp.,	℥ij
	Fl. ext. cinch.,	℥j
	Ammon. brom.,	℥ss. M.

Sig.—One teaspoonful, ter die.

UTERINE NEURALGIA.

℞. Tinc. aconit. rad., ℥iss
Ammon. chloridi, ℥ij
Ammon. iod., ℥j
Tinct. card. co., ℥j
Syr. aurant. cort., ℥iv
Aq. anisi., q.s. ad. ft. ℥viij. M.

Sig.—One drachm, every four hours.

Also—

℞. Syr. ferri, quiniæ et strychniæ phos.

Sig.—One drachm, half an hour before each meal.

OVARIAN NEURALGIA.

℞. Ammon. mur. ℥ij
Tinct. aconit., ℥ij
Syr. aurant. cort., ℥viij. M.

Sig.—One drachm, ter die. *Da Costa.*

ANTI-NEURALGIC TONIC.

For long standing cases—

℞. Acid. phosphoric. dil., gtts.xx
Tinct. cinch. co., ℥j
Strychniæ phos., gr.$\frac{1}{32}$. M.

Sig.—One dose, ter die.

VERTIGO (*Anæmic*).

℞. Tinct. ferri chlor., gtt.xx.

Sig.—One dose, ter die, after meals.

Also

℞. Rhei. pulv., grs.ij
Ext. colocynth. co., gr.j
Capsici, gr.$\frac{1}{8}$. M.

Ft. pil. No. 1.

Sig.—Take at night.

The diet should be composed of meat, meat juice, egg, etc.

VERTIGO (*Gastric*).

℞. Argenti oxidi, gr.$\frac{1}{4}$
Capsici pulv., gr.$\frac{1}{4}$
Ext. colocynth. co., gr.j
Camphor. pulv., gr.$\frac{1}{2}$. M.

Ft. pil. No. 1.

Sig.—Take after each meal.

IDIOPATHIC VERTIGO.

℞. Sodii bromid., gr.xv
Ext. belladonnæ, gr.$\frac{1}{2}$–$\frac{1}{4}$
Vin. colch. rad., gtt.x
Muc. acaciæ, q.s. ft. ℥j. M.

Sig.—One dose, ter die.

If bowels are costive, take one comp. rhubarb pill each night.

HEADACHE (*From Exhaustion*).

This form of headache is worse, as a rule, just after arising in the morning, and is often improved by a small amount of whisky before retiring. The diagnosis must be positive, or the alcoholic stimuli will increase the congestive varieties. A good prescription for these headaches of exhaustion is—

℞. Tinct. ferri chlor., gtt.xx
Acid. muriat, gtt.v
Quiniæ mur., gr.j
Syr. aurant. cort., ℥j. M.

Sig.—One dose, after each meal.

CONGESTIVE HEADACHE.

℞. Ammon. mur., gr.xv
Tinct. aconit. rad., gtt.j. M.

Sig.—One dose, ter die.

Keep up a drain from the bowels, by the use of Rochelle salts. Abundant exercise in the open air. Frequent bathing. Also—

℞. Ammon. mur., gr.x
Ammon. brom., gr.xv
Tinct. aconit. rad., gtt.ss
Syr. aurant. cort., q. s. M.

Sig.—One dose, ter die.

CHRONIC HICCOUGH, FROM NO ASSIGNABLE CAUSE.

℞. Tinct. calabar bean, ♏x
Pot. carb., gr.x
Mist. acaciæ, ℥j. M.

Sig.—One dose, ter die.

No vegetables should enter into the diet. The food should be non-stimulant, making use of milk, eggs, etc. In some cases, tinct. of calabar bean alone answers very well. Sometimes a hypodermic injection of morphia cures or relieves.

INCIPIENT SOFTENING OF THE BRAIN,

Attended with bad memory, visions, giddiness, and headaches.

℞. Acid. phos. dil., gtt.xx
Tinct. cinch. co., ℥j
Tinct. nucis vomicæ, gtt.v. M.

Sig.—One dose, ter die.

Keep the patient in society; or send him upon a journey, Aim at bringing before his mind new scenes, etc.

SOOTHING NERVINE AND TONIC.

℞. Pot. bromid., ℥ss
Ferri pyrophos., ℥ij
Elix. humuli,
Aquæ, āā. ℥iv. M.

Sig.—Tablespoonful, ter die. *McArthur.*

ANODYNE PILLS.

These have the advantage of not affecting the bowels:—

℞. Morph. acet., grs.ij
Hyoscyam. ext., grs.viij. M.

Ft. pil. No. xvj.

Sig.—One pill at bedtime.

LARYNGYSMUS STRIDULUS.

Large doses of bromides. For a child two years old, six grains, every two hours, may be given. If there is any source of irritation, as from the stomach or gums, this must be removed. If not complicated with laryngitis, indicated by a hoarse voice, cold sponging is the grand remedy. To arrest a paroxysm, a dash of cold water in the face is often sufficient. If this fail, cold water applied to the whole body is of value. The child should be sponged faithfully and regularly, at least three times a day, and also allow the child to be much in the open air.

NERVOUS EXHAUSTION (*From Excess*).

General weakness, and tremors in the legs, being the symptoms.

℞. Syr. calc. hypophosphitis, ℥ij
Ferri phosphitis, grs.ij. M.

Sig.—One dose, ter die.

Also—

℞. Ol. morrhuæ, ℥j.

Ter die.

Eat rare meat, milk, eggs; not very many vegetables, especially if digestion is poor.

Da Costa.

This is often the incipient stage of softening of the brain.

PARTIAL HEMIPLEGIA (*Malaria*).

℞. Quiniæ sulph., gr.ij
Strych. sulph., gr.$\frac{1}{30}$. M.

Sig.—One dose, ter die, in pill.

Use frictions to the limbs, and also stimulate the muscles with the electric current. Purge the patient once or twice a week.

CHRONIC MENINGITIS.

℞. Pot. iod., gr.v
Pot. brom., gr.x
Inf. gent., ℥j. M.

Sig.—One dose, ter die.

Small blisters back of the neck.

NEURALGIA OF MAMMA IN A MALE.

℞. Emp. belladonna.

HYSTERICAL DEPRESSION OF SPIRITS.

℞. Spt. etheris comp., ℥j.

Sig.—One teaspoonful, several times a day.

SPINAL MENINGITIS (*Chronic*).

This was a case in which the result of the inflammatory changes in the spinal meninges caused pressure upon the columns, and thus gave rise to paraplegia. To promote absorption of thickened membranes, and to lessen the amount of blood in the parts affected, give:—

℞. Pot. iod., gr.v
Tinct. belladonnæ, gtt.ij. M.

Sig.—One dose, four times a day.

Wet cupping is advisable, also the occasional use of the comp. cathartic pill.

CONCUSSION OF THE NERVES.

Excessive sensibility of the limb, and lowered temperature being symptoms, shampooing the extremity, and the use of electricity are the remedial agents.

LESSENED REFLEX EXCITABILITY.

Small doses of quinine, frequently repeated, will increase reflex excitability.

ARSENIC AND IRON TONIC.

℞. Liq. pot. arsenit., ℥ss
Vin. ferri, ℥ij
Syr. aurant. cort.,
Aquæ, āā ℥j et ℥ij. M.

Sig.—One teaspoonful, ter die, after each meal, on a full stomach.

PUERPERAL CONVULSIONS.

℞. Pot. bromid., ℥j
Chloral hyd., ℥j
Camphoræ, grs.vj
Tinct. card. co., ℥vj. M.

Sig.—Dessertspoonful, every half hour, until relieved.

GASTRODYNIA.

℞. Ol. cajuputi (on sugar), gtts.iv

A mouthful of *hot* water will often quell the pain.

TRISMUS.

Opium and brandy, when it occurs in an adult. The brandy may be given in dessertspoonful doses, every two or three hours, with beef tea, and a grain of opium every three or four hours. At night a grain may be given every hour.

Medical Societies.

PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY,

At a Conversational Meeting held Nov. 22d, 1876. Dr. Thos. M. Drysdale, President, in the Chair.

REPORTED BY FRANK WOODBURY, M. D.

In opening the discussion upon Dr. Porter's paper, on "The Treatment of Chancres" (See last number of the Medical and Surgical Reporter), Dr. H. Lenox Hodge inquired the lecturer's opinion as to the value of iodide of potassium in the secondary and tertiary eruptions of syphilis.

The lecturer replied that, in the treatment of the later stages, he generally uses the iodide combined with bichloride of mercury, as, in his experience, the potassic salt has not been as efficient alone as in this combination. In advanced syphilis the iodide is useful, but in the primary and secondary manifestations he prefers mercury.

Dr. H. Lenox Hodge had a case, in the person

of an intelligent physician, who believed only in mercury. He persuaded him to give the iodide of potassium a trial, in the treatment of a syphilitic erythema, and after using it alternately with the mercury, he found that there was no comparison between the two. The iodide diminished the eruption more rapidly, and kept it away for a longer time than did the other remedy. When it again returned, he tried the mercury alone, as before, with but little good effect, and was obliged to return to the iodide; taking, as a rule, about twelve grains daily.

Dr. William G. Porter. The symptoms may yield more rapidly to the iodide of potassium, but are more apt to return than under the mercurial treatment.

Dr. H. R. D. Blackwood had an extended experience with syphilis in the army and private practice. He had not had good results from small doses of iodide of potassium, but found that, in large doses, from 60 to 180 grains daily, it was, in many cases, as efficient as mercury in treating the secondary symptoms of syphilis. With or without treatment, however, he had noticed that the hard chancre was always followed by infection of the system; in fact, he believes that syphilis is rarely permanently cured. In treating the primary sore he uses nitric acid or the acid nitrate of mercury, and thoroughly cauterizes its surface, but has seen the rash invariably following the hard chancre, no matter how early it is cauterized. The first appearance of induration is an evidence of constitutional infection. In treating the eruption with potassic iodide he begins with ten grains thrice daily, and rapidly increases the dose, pushing it until its effects are noticed. Generally, however, he relies upon bichloride of mercury.

Dr. George Strawbridge has found that in some cases the iodide of potassium is not well borne, even in small doses; it produces irritation of the nasal mucous membrane, loss of appetite and a bad taste in the mouth. Some persons, from idiosyncrasy, cannot take iodide of potassium, and this possible effect should be borne in mind in prescribing.

Dr. George Strawbridge has made some experiments to decide the relative therapeutic value of the iodide and bichloride in secondary manifestations, particularly in the treatment of iritis. He has adopted the rule to use them both in combination where the symptoms are urgent or severe, but in milder cases to use the iodide alone, especially if the primary infection antedate considerably the time of treatment. In many cases, however, he is quite sure, when no good result had been obtained from the iodide, that the combination mentioned has produced the happiest effect.

Dr. Blackwood inquired if the lecturer had used the bichloride of mercury hypodermically. He had been astonished by the rapidity of the cure of secondary manifestations in a case under this method of Lewin. He thought that if the bichloride were well diluted and deeply injected, no ulcers would be likely to follow.

Dr. Porter had not tried the hypodermic method, as he had always been satisfied with the results obtained by administration in the ordinary way, which he regards as the more convenient, less painful, and perhaps just as efficient. The treatment must vary with the case. In one bad case of constitutional infection, with bone trouble, loss of part of palate, and ulceration of nasal bones, there was wonderful improvement under the use of the mercurial vapor bath, though previously profoundly cachectic and syphilitic.

He regards the bichloride of mercury as being quite as valuable in tertiary as in primary syphilis, but it should be given in smaller doses, commencing with grain $\frac{1}{24}$ at a dose, and cautiously increasing. He makes it a rule to apply fuming nitric acid to every sore on the penis that applies for treatment, whether chancre, herpes or abrasions; this prevents the formation of buboes with the chancroid, but does not appear to prevent a hard chancre from infecting the system. In phagedena he uses supporting treatment, and if the sore is accessible, cauterizes it with nitric acid. The potassio-tartrate of iron may be exhibited as recommended by Ricord, externally in strong solution, thoroughly applied, and internally in five to ten grain doses, given three or four times daily. Very good results have been obtained, in his experience at the Philadelphia Hospital, from powdered subsulphate of iron dusted over the sore several times, until a crust is formed, which is removed the next day by a poultice. In many cases of phagedena the charcoal poultice is the best application to make, while due attention is paid to supporting the system. In inherited syphilis he had seen good results from calomel in small doses.

Dr. S. D. Risley. In comparing different remedies, it is well to remember that different results may be obtained from the same agent by varying the mode of administration. An iritis, which appeared while the patient was under a course of iodide of potassium, disappeared in three days after adding mercurial inunction to the treatment. In another case, a gumma over the eye resisted several weeks of the administration of the biniodide of mercury, but speedily got well under inunctions. In a third instance an iritis grew steadily worse under the biniodide of mercury, which afterward rapidly improved under the combined treatment of iodide of potassium and mercurial bichloride. He corroborated Dr. Strawbridge's statement as to the value of this combination in the treatment of iritis.

Dr. Andrew Nebinger does not believe that a chancre is an infectious sore until induration occurs. When he has an opportunity to cauterize a chancre in its formative condition, and applies the nitrate of silver thoroughly, he feels confident that the patient will get well without further medication, yet he has been in the habit of giving the patient the benefit of the doubt, and submits him to constitutional treatment. One free cauterization, as a rule, is all

that has been required at his hands. After this application he has treated the sore with an ointment, made in the proportions of two drachms of calomel to two drachms of simple cerate. He has the greatest confidence in mercurial treatment. Mercury is the only reliable antidote for syphilis. Indeed, with his confidence in mercury as an anti-syphilitic agent, he feels that if he neglected or refused to treat syphilis with mercury, he would be liable to a suit for malpractice. He has found that the curative effects of mercury are hastened by its use in conjunction with iodine combined with iodide of potassium. In the management of syphilis in all its forms, of primary, secondary and tertiary, he directs one-third of a grain of proto-iodide of mercury to be taken morning and bedtime, and a tablespoonful, after each meal, of a mixture prepared thus: take of iodine, one grain; of iodide of potassium, one drachm; of water, one ounce, and of syrup, three ounces. He could not understand the statement made by the lecturer, that the matter from a hard chancre will not reinfect the patient himself. This statement is not, to him, orthodox, in the light of his reading. Ricord was in the habit, when he encountered a case of untractable gonorrhœa, of determining whether the difficulty depended upon the presence of a chancre in the urethra, by introducing some of the urethral discharge into the skin of the thigh of the patient; when, if the gonorrhœa depended upon a chancre, or was, in other words, syphilitic, a chancre would be developed by the inoculation.

Dr. Porter. The soft chancre, or the suppurating bubo, will furnish pus inoculable, either on the patient himself, or on the lower orders of animals; but the secretion of the hard chancre will not reinoculate the patient or an animal, unless the sore has been artificially inflamed, in which case it furnishes pus that will produce a chancroidal sore. This is the way in which syphilization is induced, the good results obtained from it being probably due to a derivative influence through the irritation of the skin, in the same way as blisters or small setons would act beneficially. A hard chancre can be contracted a second time, provided that the first attack of syphilis has been cured by mercury, and this is one of the evidences that syphilis is curable. If a man had undergone a course of treatment such as indicated, extending over a period of two years, and during this time showed no further symptoms, he would regard him as cured, and the fact of his having previously had syphilis need not debar him from marriage.

Dr. C. R. Prall endorsed Dr. Strawbridge's remarks. About one-fifth of the cases cannot take the iodide at all, as it gives them an intolerably bad taste in the mouth, and destroys the appetite. He inquired whether any combination would overcome this bad effect?

Dr. Blackwood said that, although the iodide would not suit all cases, where it can be taken in large doses it has given very decided results in his hands. In some cases the bichloride or any salt of mercury will also destroy the appetite, but, as a rule, it improves it. In the hypodermic administration he recommended a small amount of atropia, gr. $\frac{1}{150}$, to be added to each injection, to relieve pain, the needle to be thrust deep into the cellular tissue, preferably in the back. He had given as much as one-fourth grain of bichloride at a dose, injected three times daily. He has never seen a hard chancre occurring twice in the same individual, but had known men to contract a soft chancre after a hard chancre had healed, and vice versa.

Dr. Wm. G. Porter, in reply to a question, stated that a suppurating bubo is one of the rarest things occurring in connection with a hard chancre, and when it does happen it is an accident, and does not belong to the course of the disease; at the same time there are always enlarged glands in the groin with the indurated sore, and no positive diagnosis of a hard chancre can be made without finding them in this situation.

Editorial Department.

Periscope.

Effect of Chloral on the Kidneys.

Mr. Charles Orton writes to the *British Medical Journal*:—

As deaths from doses of chloral are common, and I fear the habit of patients taking it without the authority of medical men is increasing, I beg to call attention to the fact, or what I believe to be a fact, that this drug causes congestion of the kidneys; and if it do so, it must be injurious if taken when the individual is already suffering from congestion of these regions. My attention to this point was attracted by two cases; one, a medical friend of mine, who was found dead in his bed about half-past ten o'clock at night. Death was attributed to a dose of chloral, presumably an overdose. It was stated that he was suffering from congestion of the kidneys, and at the *post-mortem* examination they were found much congested.

The second case had been considered one of hydrophobia, and had been taking large and repeated doses of chloral. At the *post-mortem* examination we found hemorrhage into the

spinal canal and intense congestion of the kidneys, to which two causes the death was attributed.

Many experiments on animals have convinced me that congestion of the kidneys may and does almost invariably follow the use of chloral.

The Treatment of Colds.

In an article in the *British Medical Journal*, December 9th, Dr. J. S. Styrap writes:—

I invariably give small doses of morphia and antimony every three or four hours, until the sneezing and defluxion cease, which, with ordinary precaution, results after the third or fourth dose. The antimony has, in my opinion, a more special effect on the mucous membrane of the breath passages than ipecacuanha.

The following are the forms which, slightly varied, I have used for many years: a dose or two of either of which has enabled me on various occasions, when suffering from catarrh, to attend to my professional duties with comparative impunity. Confinement, however, to the house for a day or two should, I need scarcely remark, be insisted on, whenever practicable. The warm or hot air-bath (or "packing") is a valuable adjuvant to the treatment, if had recourse to on the day of seizure; and in severe cases I generally recommend one or the other, if obtainable, and an immediate retirement to bed in a warm room:—

℞. Liq. morphiæ (*P. B.*),		♏xl	
Vini antimon.,		♏xxx	
Potassæ citratis,		℈iv	
Syr. aurantii,		℥iij	
Aquæ,	ad.	℥iv.	M.

Fiat mistura, cujus sumat cochlearia magna ij quâqua tertiâ vel quartâ horâ.

℞. Liq. morphiæ,		♏xl	
Vin. antimon.,		♏xxx	
Liq. ammon. citrat.,		℥j	
Potassæ citratis,		℈iv	
Spts. chloroformi,		℥j	
Aquæ,	ad.	℥iv.	M.

Fiat mistura, cujus capiat cochlearia magna ij quâqua tertiâ vel quartâ horâ.

My attention was originally directed to the value of small doses of morphia in catarrh, under the following circumstances. Many years ago I was confined to my room by a very severe catarrhal attack and bronchitis, for which antimony, etc., were prescribed, by a friend, with but trifling relief. For some reason or other, I was induced to add the twelfth part of a grain of morphia to a dose I was about to take, and in half an hour or so the sneezing and defluxion had considerably abated. The next few doses were taken without the morphia, and the coryza, etc., returned, and the cough became troublesome; in consequence of which, I repeated the morphia, and again the sneezing, etc., ceased. In every subsequent attack of catarrh (to which I was, at one period, very subject) I combined the antimony with morphia; and, having tested their value on myself, prescribed them for others, with a like satisfactory result.

The Varieties and Sequelæ of Coxalgia.

The *Archives of Clinical Surgery* states that M. Viennois, of Paris, divides coxalgia into five varieties:—1. Coxo-femoral arthritis, or true coxalgia. 2. Primary osteitis of the upper end of the diaphysis of the femur. 3. Primary osteitis of the bones forming the cotyloid cavity. 4. Inflammation of the bones close to the joint, but not in connection with the synovial membrane (for instance, the great trochanter.) 5. Periosteal inflammation developed in the connective tissue and tendons of the pelvo-trochanteric region. The fourth and fifth varieties are pseudo-coxalgic affections.

In the first variety, or true arthritis, the synovitis is not the cause of much shortening. It is only when the epiphyseal end of the femur is attacked primarily or simultaneously that longitudinal growth of the bone is much disturbed. The cause of the shortening is to be sought in the general atrophy of all the tissues of the limb, induced by long rest, immobilization and disuse. In coxitis from primary osteitis, on the other hand, the growth of the bone is directly concerned, and shortening is a speedy result; the younger the subject, the more obvious is this.

New Tests for Bile Pigment.

Dr. W. G. Smith read an interesting paper on this subject, at a late meeting of the Medical Society of Ireland. He showed that the principle on which the tests depended was the conversion of bilirubin into biliverdin by oxidation—a green coloration being produced by the reactions. Although the nitric acid test was depended upon in delicate physiological investigations, it was desirable to have at command some supplementary tests, which were easy of execution and free from fallacy. Four test liquids seemed to answer to these indications, viz., tincture of iodine, ferric chloride, peroxide of hydrogen, and the acetic or phosphoric solution of peroxide of lead. The two latter liquids possessed the advantage of being colorless; and the phospho-plumbic solution especially promised well as a delicate reagent. Peroxide of lead had been utilized in experiments on bile (Maly); but peroxide of hydrogen and ferric chloride had not, so far as Dr. Smith knew, been used by other experimenters. With a fresh supply of material, he purposed to study more closely the action of the iron, lead, and hydrogen peroxide; but, as the clinical experiments had been chiefly conducted with the iodine test, he, in conclusion mentioned the reasons which seemed to him to recommend tincture of iodine to the notice of those interested in such matters. 1. A single reagent, always easy to obtain, is alone necessary; 2. The test liquid is not corrosive; 3. A single definite color is produced by the bile pigment;

4. The color is sufficiently persistent; 5. From the less powerful chemical energy of the reagent, as compared with that of nitric acid, there is a diminished liability to error; 6. No other pigment than bile will yield the characteristic green color; 7. The test fully equals in delicacy, possibly surpasses, the nitric acid test. The test is applied by putting about a drachm of urine in a glass test-tube and allowing one or two drops of tincture of iodine to trickle down the side of the tube, so as gently to touch the surface of the urine. A stratum of bright emerald-green coloration forms at the junction of the fluids.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Notes on the Burning of Theatres and Public Halls. Reflections on some of the causes of the great mortality occasionally attending such fires, and suggestions for improved security to life. The antiquity of the drama and the opening of theatres in America, with a chronological list of theatres and other public edifices burned. By J. M. Toner, M. D., Washington, D. C. This is the lengthy title of a little pamphlet of twenty-two pages, full of good suggestions and information on the subjects mentioned.

——An analysis of forty-one cases of Paracentesis of the Pericardium, is given by Dr. John B. Roberts, in a reprint from the New York *Medical Journal*. It is strongly in favor of the operation.

——No. x, vol. ii, of Putnam's Sons' Series of American Clinical Lectures, is by Dr. Wm. A. Hammond, on Spinal Irritation. It is treated with his customary ability.

——"The Medical Libraries of Boston" is the title of an entertaining description of them written by Dr. James R. Chadwick, of that city 4to, pp. 12.

——Dr. J. H. Gilman, of Lowell, Mass., has sent us a copy of an essay on diphtheria. His treatment is the usual one, by chlorate of potash and tincture of iron.

——We also acknowledge "A Case of Exophthalmic Goitre," by Dr. J. P. Thomas, of Pembroke, Ky.; "Pathology, Etiology, and Treatment of Pneumonia," by the same.

——*Scribner's Monthly* is second to none of our magazines. We welcome with especial delight another serial story from the pen of Dr. Holland; every article is fresh and pure; a family without Scribner's, is as a garden without flowers.

——*Littell's Living Age* becomes every year more indispensable to the reader who wishes to keep up his or her knowledge of the most distinguished foreign thinkers, in criticism, science, and art. It is also a rare compendium of history and biography, and a treasure house of the best selections of English novelists.

——*The Agriculturist* is without compare in its department, and no lover of farming or gardening can afford to be without it.

——Among our weeklies, the "*Independent*," "*Evangelist*," "*Presbyterian*," and "*Presbyterian Banner*," head the list of religious papers; while "*The Methodist*" and "*Zion's Herald*" are always welcome.

——Of the secular *family* papers, "*The Germantown Telegraph*," "*The Vermont Chronicle*," and the "*Cincinnati Weekly Gazette*," should be welcome visitors in every family that is interested in good and pure general literary information.

BOOK NOTICES.

Walsh's Physician's Combined Call Book and Tablet.

This is a visiting List for Physicians, with month and year on it, but the date and name of the month to be added. It is ruled for Names of Patients, No. Street, and Dates of Visits, accompanied by a Sign Table. It also contains Calender for 1877-8; Table of number of drops in a fluid drachm; Graduated Table for administering Laudanum; Graduated Table for regulating the doses of medicine in children; Graduated Table of common abbreviations in writing prescriptions; List of Poisons and their Antidotes, etc.. etc.

Transactions of the Medical Society of the State of West Virginia for 1876. pp. 125-217.

The transactions are chiefly made up of an address on Stimulants in Acute Disease, by Dr. J. M. Lazzell; a contribution to the History of Medicine in West Virginia, by Dr. E. A. Hildreth; a number of cases of Cancer, by Dr. John Frissell; remarks on Trephining, by Dr. R. P. Davis, and some cases from Dr. D. Baguley; Dr. J. O. Wall also has a historical address. The minutes contain the usual reports.

THE

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D. G. BRINTON, M. D., EDITOR.

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REMARKS ON STATE MEDICAL LEGISLATION.

The appointment of State Examining Boards to pass upon the qualifications of aspirants to practice medicine, has been much discussed within the past year, and in some quarters warmly espoused and highly lauded. Such Boards have been appointed in North Carolina, Texas, and some other States. They exist in the Dominion of Canada. Their usefulness is being tested.

It has ever been a matter of grave doubt with some of the profession whether this is the best or a good way to check charlatanism. These doubters, among whom we confess to have classed ourselves, and, therefore, have never joined in the cry for such Boards, seem now to be in the way of justifying their lukewarmness.

It is obvious that such outsiders as homœopathists and eclectics cannot be excluded from these boards. Regular physicians must submit to their questioning, be judged by their standards, have their permit to practice signed by their names—names which every scientific and honest member of our profession denounce as belonging to ignorant men or designing quacks. This objection is no longer a hypothetical one. The Hon. E. B. Turner, Judge of the Sixteenth Judicial District of Texas, announced his intention, last month, to appoint a homœopathist on the District Medical Examining Board. A number of the physicians of that district united in a protest, from which we extract the following:—

"The *appointment* would certainly destroy the efficiency of the law in this district. It would be impossible to secure a competent Board. Regular physicians could not co-operate with irregulars, because in so doing they would indorse ideas wrong in theory and dangerous in practice.

"Regular physicians, thus associated, would be excluded from membership in the American and State Medical Associations.

"Medical men wishing to locate in this district would be compelled to go elsewhere, because to even appear for examination before a Board so constituted would be a violation of ethical laws."

These expressions all members of the regular profession sympathize with; but his honor takes an entirely different, and what we frankly acknowledge is the popular view, in this wise:—

"You state that I intend to appoint an *irregular physician* upon the board. *I* have said no such thing. The word *irregular* is yours, not mine. I have said that if I could find a homœopathic physician, who possessed the proper qualifications, I thought it my duty, under the Constitution, to appoint him on the board. To this you object. At the same time you admit that the duty of the board will have been fully discharged, without making any inquiry in relation to matters where there is a difference of opinion.

"That the homœopathic physician is among us, and that many intelligent citizens desire their services, are facts that admit of no question. Shall we permit them to be driven out from among us and deprive such as desire their services from having them? It *can* be done under this law. When the board is organized *it makes its own rules*, and if they reject an

applicant there can be no appeal; and if he dared to practice at all he would be daily liable to a prosecution and to a fine of not less than fifty dollars. With boards actuated by a determination to rid the country of what you call irregular physicians, the machinery is perfect for ostracism on the one hand and a monopoly on the other."

The physicians again replied, meeting his argument with ability and point, but always with a *petitio principii*, or what would appear to the public as such; for the public is not able to distinguish between the sound claims of science, and the pretensions of pseudo-science.

This Texan experience is sure to recur wherever such examining boards are set up. Nor can any form of legislation be devised which will protect the public from charlatanism, when it is charlatanism that the public prefers and demands.

Would it not be wiser to dismiss all efforts to purify the profession through appeals to State legislatures? Would it not be sounder policy to begin the reform within ourselves; to elevate the standard of education, to insist on the colleges having preliminary examinations, longer courses, sounder instruction?

This is substantially the conclusion which we have commended to us from another State—which has experimented often, and not happily, in medical legislation—Michigan.

In an editorial in the Detroit *Review of Medicine and Pharmacy*, last summer, the writer said:—

"It is a law of organic growth, of development and repair, that the process must begin from the centre of life, from the living protoplasmic matter of the particular body or being in question. We believe that the fullest investigation will show that this law applies perfectly to medical men as individuals and as organized in societies. The practical application of all this and vastly more suggested by it, is, that the medical profession should stop appealing for help in medical matters to the State, or any outside parties, and should so organize and discipline itself as to provide for its own peculiar wants. In this it will be placed on a par with all other professions. Who ever thought, in this age and country, of seeking legislation to protect the clergy from the ravages of quack clergymen, or the lawyers from shysters, etc.? Let each profession stand on its own bottom, and if unable to take care of itself, let it fall. In Michigan, at least, the profession is satisfied that any reliance upon the State for special help and privileges above those given to all citizens of the State, is vicious in principle and fraught with infinite danger to the profession itself."

This conclusion is that which probably it will be wise for all of us to adopt, and the sooner the better.

Notes and Comments.

Dangers to Health, from Pottery.

The study of *faience* has its sanitary as well as its artistic side. An interesting report on the former branch has lately been made by the Parisian authorities.

It was necessary to ascertain, firstly, whether lead or copper entered into the composition of the glazing; and, secondly, whether the oxide of lead was vitrefied on the surface, as a silicate, or whether it was simply melted. After visiting a great number of factories, M. Drouard was able to ascertain that the brown color in hardware was obtained by a mixture of peroxide of manganese, and the green by the introduction of a slight quantity of oxide of copper, improperly termed "calamine," while minium and sulphide of lead produce the yellow glazing. There are, therefore, two deadly substances in use—the minium and the oxide of copper. If the temperature of the oven were sufficiently elevated, the oxide of lead would be converted into silicate of lead, and be able to resist the action of at least weak acids. But to ensure the success of this combination, it is necessary to consume a large quantity of fuel, and in Paris this operation is particularly expensive. The manufacturers consequently seek to reduce their outlay, either by augmenting the quantity of oxide of lead, or by burning less fuel. In this case the minium spread over vessels placed in the upper part of the oven is simply fused with the clay, and is easily dissolved by the most feeble acid. Various experiments were made in all the arrondissements of Paris, which

conclusively proved that acid liquids, such as sour milk, and also grease, often dissolved the oxide of lead contained in the hard ware used for domestic purposes. The reporters consequently resolved that the strictest supervision should be kept over the manufacture of hard ware for domestic purposes; that the manufacturer should be compelled to affix his mark to each article, so that it might be traced back to him whenever the glazing was found to have been improperly effected.

The Paris Sanitary Service.

A correspondent of the London *Medical Times and Gazette* states that to cope with epidemics, etc., the Prefect of Police has a somewhat elaborate machinery at his disposal. Each of the twenty arrondissements of Paris, together with some of the outlying suburbs, possesses a local sanitary committee. Each of these committees should be composed of nine members, presided over by the mayor of the arrondissement. As far as practicable, they should contain at least two doctors of medicine, one chemist, a veterinary surgeon, an architect, and an engineer, all chosen from among the more popular and notable inhabitants of the district. This selection is managed in a somewhat peculiar manner, destined, we presume, to combine local influence with the predilections of a centralized government. Thus the mayor of the arrondissement, who is the elect of the people, presents a list of three candidates for each vacant post, to the Prefect of Police; and it is the latter Government functionary who decides which of the three local favorites shall be a member of the district sanitary commission. The most important organization is, however, the Conseil d'Hygiène Publique, which is a sort of central committee, nominated exclusively by the Prefect of Police, subject to the approval of the Minister of Agriculture and Commerce, and which can command the services of all local bodies, thus welding together, for a common purpose, all these various committees. Separately and conjointly, these bodies have to watch for and prevent all causes of endemic, epidemic, or epizootic diseases, to provide for vaccination, to distribute medical aid to the indigent, to improve the sanitary condition of the industrial or agricultural population, of workshops, schools, hospitals, asylums. barracks, prisons, etc., and to ensure the wholesome condition of all alimentary and medicinal substances sold to the public. This latter task is, perhaps, more successfully and ably accomplished than any of the preceding. The committees have also to report on all projected public works, in so far as they are connected with the public health.

The Phthisis of Syphilis.

At the Medical Society of Ireland, recently, Dr. MacSwiney detailed a case, occurring in a man aged 36, which he concluded to be one of syphilitic phthisis from—1. The medical history; 2. The absence of any hereditary predisposition to ordinary phthisis; 3. The progressive extension of the syphilitic disease from its outset, through its various stages, to its ultimate full development; 4. The special cachexia by which the symptoms were accompanied, together with the combination of the lung affection with other specific morbid phenomena; 5. The stage of the specific disease, viz., the tertiary, at which the pulmonary attack set in, that being the stage most frequently, by far, reported as the one in which syphilitic phthisis had been found to present its first manifestation. This diagnosis was subsequently, in some degree, confirmed by the good effect of the short course of anti-syphilitic treatment.

Outbreak of Typhoid Fever From Polluted Milk.

In a paper read before the Public Medicine Section of the British Medical Association, Dr. C. B. Fox, health officer, gave the following instance:—

An outbreak of enteric fever occurred in a portion of the town of Brentwood. Whilst the houses of the families affected were provided with different modes of disposal of excrement, some draining into private cesspools and others discharging into the town-sewer, and whilst the water employed by all, with one exception, proved, on analysis, although derived from different sources, to be very pure, there was one condition in common. They all, with one exception, drank milk from the same dairy, and the dairyman washed out his cans with water which was most offensive sewage water. The exception to the rule was the case of a young man who did not deal with this dairyman, but who drank of the same water as that with which he manipulated his milk. I could not learn that any one beside this young man employed this water for drinking purposes. I,

myself, saw the milk-vender milking his cows into a pail which resembled a filthy pig's bucket. His dairy, where the milk was stored in large pans, was situated virtually in a bedroom redolent of organic matter. My surprise was great to find that milk could be preserved for even a short time, in a sweet state, in such impure air.

Dry Preparations.

For preparing rapidly bones and ligaments for museum purposes, Dr. L. Frederick (*Bulletin de l'Acad. Royale de Belgique*, June, 1876) recommends that after the soft parts have been taken away, except the ligaments, the preparation be washed in water, dehydrated by alcohol, and then plunged into essence of turpentine. After two or three days' maceration in this fluid, the skeleton is placed in the position in which it is designed to keep it, and dried in the air. In drying, the bones and ligaments become beautifully white, and the whiteness increases as time passes. The same process gives less satisfactory results for muscles. For a parenchymatous organ, on removing from the turpentine bath, Dr. Frederick plunges it into melted wax or paraffin during half an hour to two hours, till the bubbles of turpentine have ceased to pass off. When withdrawn and cooled, the piece resembles a wax model, but is far superior in its minor details: the color of the organ persists.

Corrosive Sublimate in Blenorrhœa.

Dr. Leopold Bruck, of Buda-Pest, states, in the *Centralblatt*, No. 27, that he has found blenorrhœa urethræ, lasting, as usual, when injections are employed, six weeks, without complication, to be curable by the administration of corrosive sublimate. The discharge is profuse, during the first two days, but subsequently becomes progressively less abundant and more serous; the sensation of burning in the urethra is bearable, and the chordee moderate. During the treatment, alcoholic fluids, coffee, and highly-seasoned food must be avoided. Purgatives should be excluded, since they are unnecessary during the use of the sublimate. The remedy is apt to produce pain in the stomach and intestines, and if this occur, its use should be omitted for a few days. It should not be given in cases of cardiac and pulmonary diseases. Dr. Bruck prescribes the sublimate in the form of pills.

Correspondence.

Letter from Canada.

Ed. Med. and Surg. Reporter:—

Since my last letter, one of those trials for murder, in which the medical evidence formed the most interesting part of the case, came before one of our assize courts, held in the city of Hamilton, in this Province. The case was one of supposed murder, in which the husband was arraigned for being the cause of the death of his wife. The circumstances of the case, as detailed by Dr. MacKelcan, who was the family attendant, are as follows:—

Have known the prisoner for about five years; was called in to see Mr. McCrae, professionally, in April last; prescribed at the same time for Mrs. McCrae, who was not well; was subsequently called in to attend Mrs. McCrae, who was suffering from jaundice, caused by disease of the liver; attended her daily till her death. She was covered with purpuric spots over her body; a little before her death she seemed a little brighter; this occurred at intervals during her sickness; could not see any permanent improvement in her disease up to the time of her death; did not visit her on the day of her death till about five o'clock; found her comatose, with symptoms of compression of the brain; she died about twenty minutes to eleven o'clock that night. I took it for granted that she died from natural causes. I was asked if I wished to make a post-mortem examination; I said I did not think it necessary. Afterward, Dr. White, coroner, called on me and asked me to make a post-mortem; I did so, assisted by my father; this was ten days after death, on the 18th of May. The doctor gave a description of the body as he found it. Several bruises were found; a large lump on her head, but this had been inflicted long before her death. Found a clot of blood, weighing nearly four ounces, on the left side of her head, in the membranes covering the brain. This clot extended from the eyebrow to the ear. It was thickest in the centre; it was from half to three-quarters of an inch in thickness; could not say whether it was venous or arterial blood; could not tell where the blood came from; did not discover any fractured or broken blood vessels; there was no blood between the skull and the dura mater; there was no external mark of violence opposite the clot; don't remember what was done with the dura mater and clot; examined the skull carefully, and found no fracture; the dura mater slightly adhered to the skull; seldom able to discover a rupture of a small vessel, except when the skull is fractured by great violence. The substance of the brain was healthy; the other organs of the body were all healthy, except the liver, which was much enlarged and diseased; there was fatty disease of the liver, the result of habitual intemperance; the body was of a dark yellow; the liver was of a grayish color, hard and easily ruptured;

other medical men examined the body afterward at the cemetery, these were Drs. McDonald, Malloch and Mullen. I and my father were present; did not examine the kidneys; the clot was in the cavity of the arachnoid, but no effusion of blood was discovered under the arachnoid; think I tested her urine once when I first commenced to attend her; it was in a normal condition.

On cross-examination, Dr. MacKelcan said: Mrs. McCrae was confined to her bed before her death about three weeks; had expressed the opinion that she could not recover; the clot was the immediate cause of her death. The purpuric spots were caused by the disease of the liver. Purpura is a diseased condition of the smaller blood-vessels; cannot say what was the cause of the clot; in such diseases as hers the blood vessels become weak, and the blood may ooze through them. I found no marks of external violence to cause the clot; intemperance causes disease of the liver. I know she drank excessively, to which cause I ascribe her disease. My father attended the family much more than I did. I allowed her Canadian wine, but no liquor; think she did get liquor while I was attending her; my father got the native wine for her; some had been got that was not good; then my father ordered the other. If she had received a blow sufficient to cause the clot, I think she could not have got up after it; think the disease was the cause of the clot in the arachnoid cavity; the other mark, on the external skull, was an old one; saw it ten days before her death, and asked her how it came there; she said she did not know. A similar clot could be produced by a blow of the fist, but I think not without leaving an external mark. Did not see any internal mark of purpura. The blood in purpura comes from the capillary vessels. There are capillary vessels in the arachnoid. Don't remember ever seeing any other similar case. Clots may be caused by disease or violence; don't know that there is any general rule in reference to the matter. In finding clot in the arachnoid of a healthy brain, should endeavor to ascertain whether it was caused by violence or disease; should inquire for both; the chances would be equal of its being either. Have never seen a case of blood-clot arising from disease, but have read of it in books; have read of effusion of blood on the brain from purpura. So says Dr. Watson: Have seen purpura, but not many cases. Been sixteeen or seventeen years in practice; have seen cases of purpura; don't know how many; don't know what causes purpura, except it arises from deterioration of the blood; probably disease of the liver is as common a cause as any other. Don't know that she had been drinking liquor the day of her death; she might have done so; had noticed it several times previously. In cases of apoplexy, effusion of the blood takes place; could not say where the blood came from; may have come from the capillaries of the membranes. The three doctors named by Dr. MacKelcan, *i. e.*, Drs. McDonald, Malloch, and Mullen, subsequently gave their evidence, all agreeing with the evidence of Dr. MacKelcan as above, except that Dr. Malloch, after corroborating the evidence of his confrères, said he would call the spots seen on the body purpuric spots; don't believe that there is such a disease as purpura; can't say whether the deceased died from violence or from disease. The blood vessels were weakened by disease. There are more blood vessels pass through the arachnoid membrane in some persons than in others. There are some smaller vessels passing through the arachnoid that we seldom notice in dissection. The petechial spots might have been caused by disease or pressure on the bed; I inferred they were made by disease. Think that a pillow might have given a jar which would produce the effusion of blood in the arachnoid.

In answer to a question put by counsel, Dr. Malloch said, my candid opinion is that the woman is more likely to have died from violence than from disease.

Now I give you the evidence of the homœopathic chief of this province. I have not given the evidence of Dr. McDonald *in extenso*, for the reason that, as I said above, it agrees in the main with Dr. MacKelcan's evidence, who was the family physician. I ask your readers to notice the extraordinary evidence of Dr. Campbell, who said he was a practicing physician in Toronto; have practiced for forty-five years, graduated at Edinburg. There are many cases of hemorrhage into the arachnoid membrane, though they are relatively rare; it occurs most frequently from violence; the greatest number of cases of hemorrhage of the arachnoid, when the result of disease, are from disease of the heart, of the kidneys, meningeal degeneration, deterioration of the coats of the blood vessels, etc.; if there was disease of the brain, the examining doctors ought to have discovered it; the condition of the brain in the warm month of May might have been changed by putrefaction; it is difficult to tell where blood comes from when it gets into cavities; it is possible that the blood came from the veins passing through the arachnoid; if the blood came from them, should think it was by violence; the blood might have escaped from the pia mater into the arachnoid at some one or more of the adherent points of the two membranes; violence may have been of such a nature as to cause the flowing of blood from the pia mater into the arachnoid cavity; it is extremely difficult to discover the place of rupture of a vein; if the hemorrhage was caused by disease it would probably be accompanied by disease of the heart or kidneys; diseases of the kidneys and of the heart frequently co-exist; disease of the kidney would produce blood poisoning, and cause deterioration of the coats of the blood-vessels; degeneration of the blood causes degeneration of the vessels carrying the blood, from which they receive their nourishment; jaundice causes degeneration of the blood, and, of course, degeneration of the blood-vessels; under these circumstances, a

very little violence might produce hemorrhage; even very slight violence might produce rupture of the blood vessels of the brain; even a fall on a carpeted floor might do it. I believe, from what I have heard of the case, that the hemorrhage was caused by some degree of violence; the veins differ in every body, but the arteries are generally the same in all; there are no blood-vessels in the arachnoid; the arachnoid is a very thin film; petechial spots are evidence of degeneration of the blood; there is diminished force of the heart's action when petechial spots are present. The liver cannot suffer long without causing disease of the kidneys; disease of the kidneys produces degeneration of the blood-vessels; anything causing jar of the brain, as sitting down suddenly, or a fall, might have produced all the mischief in the brain; a blow on the head would not be so likely to leave a mark as on any other part of the body. I can fancy that a shake of the shoulders might do all the mischief described; hemorrhage from veins generally exudes through the veins without rupture, and that only from the mucous membrane; purpura is not a disease itself, but a condition arising from disease.

I have no comment to make on the above testimony, but trust some of your numerous readers will take this matter into consideration, and enlighten the profession upon the important subject raised by the case thus described.

CANADENSIS.

Ontario, Canada, Dec., 1876.

Chlorate of Potash and Mercury.

ED. MED. AND SURG. REPORTER:—

In response to the inquiry in your December No., on page 554, regarding the use of chlorate of potash and mercury in combination, I would say I have used the remedies in question for about one year, through the suggestion of my brother, Dr. C. A. Turner, of Jackson, Mich., he having used them for over one year, at the time of their recommendation to me; and I have obtained just as satisfactory results in every instance as when the mercury is administered uncombined, and I think better, for I have yet to have the first patient salivated by combining the two together, and I have seen some serious results where mercury had been given alone.

I generally combine them as follows:—

℞ Calomel,
Chlor. potass. pulv., āā 1 part
Sugar, pulv.,
Corn starch, āā 4 parts. M.

Thoroughly triturate.

When I wish to unload the portal congestion, which is the first indication in nearly all of our Michigan fevers, I give of the above mixture 10 grains, and repeat every hour until I obtain a good free catharsis, which generally requires four or five powders.

It affords a splendid cathartic for children. When I wish to follow the mercurial treatment, I give one dose of ten grains, night and morning, and have continued it almost indefinitely, without any serious results.

Wayland, Mich. H. J. TURNER, M. D.

A Singular Cause of Facial Neuralgia.

ED. MED. AND SURG. REPORTER:—

Mrs. R. presented herself at my office during the early part of the fall of last year, October 10th, with neuralgia of the facial nerve, scarcely any portion of the right side of the face being free from pain. She had the whole of the lower molar teeth extracted, in hopes of obtaining relief, yet it only produced a temporary cessation of pain. She had taken, she asserted, many preparations, but none gave her a moment's freedom from pain, and she hoped I would prescribe something to produce sleep. I gave the following mixture and application:—

℞ Chloral hydrat. (Schœning), ℥ij
Sodii bromidi, ℥iij
Syr. zingiberis, fl.℥j
Aquæ, ad. fl.℥iv. M.

Take two teaspoonfuls every hour, if in pain.

℞ Fluid ext. aconit. rad., fl ℥ss
Tinct. opii,
Tinct. belladon.,
Chloroform., āā fl.℥j. M.

Paint the face as directed.

As she resided some distance away from my office, she was requested to report in two days if not better. She returned on the 12th inst., and reported herself worse than ever, and with a large substance under her tongue; upon examination, I found an abscess pointing over the cavity, where the first molar had been extracted, and which I immediately opened; a quantity of fetid, dark colored pus was discharged, and with it the accompanying substance. The pain in her face instantly ceased, and from that time till the present she has had no return of her neuralgia. I forward the concretion to your office, in hopes you may be able to inform your readers and myself of what it is composed; my impression is that its continued pressure upon some portion of the dental nerve produced the fearful neuralgic pains from which the patient suffered. Respectfully yours,

Saratoga, N. Y. C. C. CRANMER, M. D.

[The substance is apparently a salivary calculus, somewhat pointed, which, by an ulcerative process, had reached an unusual position. —ED. REP.]

The Psychology of Laughter.

Perhaps the psychology of laughter has never been better expressed than by Hazlitt:—

"Man," says this writer, "is the only animal that laughs, for he is the only animal that is struck with the difference between what things are and what they ought to be."

News and Miscellany.

The Woman's Hospital.

At the seventeenth annual meeting of the contributors of the Woman's Hospital, Philadelphia, held last week, the report of the resident physician, Anna E. Broomall, M. D., showed that there were received into the hospital during the past year, 313 patients; patients attended at their homes, 2317; patients treated in the dispensary, 3753; prescriptions compounded in dispensary, 11,216 In the lying-in department there were received during the year 108 patients; number of infants born, 102.

The Northern Medical Association, Philadelphia.

At the annual meeting of this association, held on the 12th inst., the following officers were elected for 1877:—

President.—Dr. S. R. Knight.
Vice-President—Dr. L. B. Hall.
Treasurer.—Dr. E. J. Santee.
Secretary.—Dr. Charles Carter.
Corresponding Secretary.—Dr. E. R. Stone.
Reporting Secretaries.—Dr. S. D. Risley and Dr. E. E. Montgomery.
Counsellors.—Dr. N. L. Halfield, Dr. J. Henry Smaltz, Dr. Levi Curtis, Dr. W. M. Welch, and Dr. Charles Carter.

Medical Statistics of Sweden.

At the end of the year 1873 there were in Sweden 558 practicing physicians, besides 35 who had retired from practice (population 4,317,716). This gave one physician for every 7702 of inhabitants. In Stockholm the proportion was one to 1227; in Upsala Län one to 4276, and in Elfsborg Län only one to 16,687. The number of drug stores were 217, veterinary surgeons 186, and midwives 2043.—*Nordiskt Med. Arkiv., vol.* 7, *No.* 26.

The Paris Academy.

The Paris Academy of Medicine has accepted the offer of a site in the old Luxembourg Gardens. The lecture rooms, laboratory, fine library, unique museum of surgical instruments, and precious archives of this institution, which it inherits from the old Society of Medicine and Academy of Surgery, and which are almost a sealed book, will now find a fitting habitation. The Academy has been for the last fifty years provisionally located in a building of which it never could permanently have possession, and will now be properly lodged in the vicinity of all the learned societies of Paris.

A Happy Country—Iceland.

Dr. John Finson, a practicing physician in Iceland, states that he has never seen a case of syphilis in a native Icelander, only in foreigners.

Quinine in Burmah.

The cultivation of the cinchona tree is rapidly extending, not only in the British possessions in Asia, but likewise in the kingdom of Burmah, many districts of which seem especially suitable for its cultivation. Last year, in the Sittomy Division alone, there were 30,000 plants, and space was being cleared to double that quantity. The king, it is said, looks upon this cultivation with contemptuous toleration. and fails to see the sense of growing trees for the sake of getting a bitter product from their bark.

Items.

—An excellent microscope, in good condition, can be bought at half-price, at the office of the Reporter.

—The value of a finger has been established by a New York court, and the figure is $1000. James McMahon, a stevedore, had one of his digits mashed to a jelly in loading a barrel of lard, and brought suit against his employer, with a verdict as above.

QUERIES AND REPLIES.

Dr. A. J. K., of Pa.—The precise formula of the troches you inquire about is not published.

St. Louis.—We recommend you to read Dr. Napheys' *Transmission of Life*, which contains the best advice on the subject, of any book we know. The price is $2.00.

MARRIAGES.

Lathbury—Tibballs.—In Brooklyn, on Christmas day, 1876, by Rev. N. Tibballs, Dr. Clarence Lathbury, of New York, and Miss Lilly Tibballs, daughter of the officiating clergyman.

Lincoln—Gould.—At St. Paul's Church, Troy, N. Y., on Wednesday, Jan. 10, by Rev. E. N. Potter, D.D., assisted by Rev. Francis Harrison, Jeanie Thomas, eldest daughter of the late Judge George Gould, of Troy, and Dr. N. S. Lincoln, of Washington, D. C.

Pusey—Pusey.—In the First Unitarian Church, Wilmington, Del., Dec. 19th, 1876, by the Rev. T. Israel, J. Edgar Pusey, M. D., of West Phila., and Miss Ella K., daughter of Lea Pusey, Wilmington, Delaware.

DEATHS.

Almy.—In Leroy, N. Y., January 2d, Dr. Stephen O. Almy, aged 78 years.

Calderwood.—In Greensboro, Vt., Dec. 26th, Annette Hutchins, wife of Dr. H. S. Calderwood, aged 27 years.

Dunnington.—On July 25th, 1876, at the residence of her mother, Mrs. Ketchum, near Monongahela City, Mrs. Sarah H., wife of Robert H. Dunnington, M. D., of Atlanta, Mo.

Levis.—In this city, on the 17th instant, Henrietta R., wife of Dr. R. J. Levis.

Morse.—In Danville, Vt., December 25th, Dr. John H. Morse, aged 66 years.

Powers.—In Woodstock, Vt., December 28th, Dr. Thomas E. Powers, aged 68 years.

Richardson.—On January 2d, Clara Belle, infant daughter of Dr. J. S. Richardson and wife, aged 4 months and 12 days.

Thompson.—At his late residence, No 41 East 10th st., on Monday morning, January 15th, Dr. George Thompson.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MYALGIA.

Read before the Philadelphia County Medical Society, December 14th, 1876,

BY DR. J. C. WILSON,

Assistant-in-Charge of the Medical Dispensary at the Jefferson Medical College.

"Il semble, au premier abord, que rien ne doit être plus facile que la description du rheumatism musculaire. C'est, en effet, une maladie extremement commune, n' ayant qu' un petit nombre de symptômes et connue de tout temps. Mais, quand on y regarde de plus prés, on ne tard pas à s'apercevoir que rien n'est plus difficile, au contraire, que de tracer avec précision le tableau de cette maladie." —VALLEIX.

Clear language is, as a rule, the expression of knowledge; confusion of terms comes of obscure thinking. In nothing is this better shown than in the nomenclature of Medicine. As knowledge of a disease becomes more exact, names for it become more definite; synonyms are cast aside. The affection which is described by modern scientific writers under a multitude of names cannot be generally well understood. Some of the terms applied to it will be found to have grown out of ill-observed facts, others to indicate unwarrantable conclusions. On the one hand misleading symptoms, on the other a false pathology, may be embodied in a name, and when there are many for the same group of morbid phenomena, there are apt, also, to be many views of its nature, all of them more or less obscure, but all alike leading to the same practical result, an irrational therapeutics, always random, often hurtful.

Such a malady is that which gives title to this paper. Muscular rheumatism, myo-rheumatism, myositis, myodynia, myalgia, are terms by which it is variously known. Valleix has called the trouble by several names which indicate the situation of the groups of muscles affected, as dorsodynia, scapulodynia, omodynia, cervicodynia, lumbodynia, etc. Such old names as lumbago, wry-neck, torticollis, growing pains, add to the confusion.

It is a malady sufficiently common—too common to require any extended description. Probably there is no one present who has not at some time suffered from it, in its slighter or more harassing forms. Anstie* defines it as "Pain produced in a muscle obliged to work when its structure is imperfectly nourished or impaired by disease." The defect in nutrition may be only relative to the amount of work that the muscle is called upon to do, or there may be absolute mal-nutrition common to all parts of the body. The muscle may be impaired by a local disease, which affects it alone, or share in morbid processes which manifest themselves in other and distant regions.

The pain in the adductors of the thighs after a hard ride, when out of practice; the epigastric pain so often encountered in children; that of measles and that caused by cough; painful stiff neck and stiff back after exposure to cold or damp; the flying muscular pains and soreness that occur in wasting chronic diseases, and during recovery from acute maladies when prolonged muscular effort is too early undertaken, are familiar examples of this affection.

It may be, as regards special muscles or groups of muscles, transient and acute; or it may be of frequent occurrence or persistent, and so become chronic.

* "Neuralgia and Diseases that Resemble It," 1872.

The chief symptom, the one symptom common to all cases, is pain—pain that is constant, but that becomes marked, sometimes almost unbearable, when the affected muscles are put in action. This pain is felt throughout the muscular mass, but is most intense at or near the points of tendinous insertion, where there is often, also, tenderness.

A second important symptom is spasm. As a rule, it occurs in acute cases only when the muscles are brought into use; later, a condition of tonic spasm, a spastic rigidity, with more or less persistent painfulness, comes on, and, finally, in very chronic cases such tissue changes take place as to lead to great impairment or absolute loss of contractile power, with or without atrophy.

The term myalgia, which embodies the idea of pain, and indicates its seat in muscular tissue, without suggesting any pathological theory whatever, or any analogy with other diseases, seems to me, in the present state of our knowledge, a most appropriate one.

I hope that the discussion of this, one of the inglorious ailments that we are called upon to consider, may not be regarded as unworthy of your attention for a few moments this evening, and I have thought it not without interest to dwell upon—

First, the obscurity of the real pathological conditions underlying it, as indicated not only by the great number of names applied to it, but also by the conflicting views expressed in the text-books;

Secondly, the essential unity of causation and of the pathological conditions in all such painful states of muscles; and

Thirdly, the method of treatment, which, in view of the morbid condition, as far as we may to-day go, and in respect of the symptoms, is certainly rational, and has, moreover, under observation, been found to be constantly useful.

As indicated by the names, the principal theories advanced to account for the morbid manifestations are three in number: 1, that the malady is a rheumatism of the muscles; 2, a form of neuralgia; 3, an inflammation.

1. *Muscular Rheumatism.* That this affection should be popularly associated with rheumatism is not surprising, when the character of the pain is regarded, its aggravation on movement, and the temporary or permanent crippling which it occasions; especially when we call to mind the exceedingly vague and indefinite ideas which prevail in regard to rheumatism. But that it should be looked upon, far and wide, among physicians, as a form of rheumatism, and over and over again described as such in the latest systematic works—no less an authority in clinical medicine than Niemeyer* stating that it is rheumatism, and that the same may be said of its etiology as of that of acute and chronic articular rheumatism—and that it should be, so often as it is, lectured about and treated as rheumatism, is to me a matter of wonder.

Let us look at the facts. Nothing is easier. The two affections are under our daily observation, side by side. In this climate, and among working people, few maladies are more common.

On the one hand, we behold a constitutional disease, with wide-spread manifestations—a special joint inflammation, which tends neither to the deposit of urate of soda, nor to suppuration, a peculiar acid secretion from the skin, highly acid urine, a notable tendency to inflammatory heart complications, marked pyrexia—add a disposition to recurrence and to the hereditary transmission of the diathesis, and a rough but easily recognizable sketch of articular rheumatism is before us.

The phenomena of rheumatism may be ill-defined, that is to say, the attack may be subacute, but the features are the same; or they may linger and assume the chronic form, in which fever is replaced by a peculiar alteration in the fluids of the body, showing itself in a dull anæmic complexion and a greasy skin, but in all cases the seat of the disease-signs is in the joints; it is articular.

On the other hand, myalgia is not a general malady, nor the expression of one. It is scarcely a disease at all. It is purely local. A muscle, or a group of muscles, overworked, cry out, and this cry is interpreted by the sensation of pain. It is to be borne in mind that the overwork may be absolute, or merely relative to the healthfulness of the muscle at the time. In either case there is a derangement between the balance of work and nutrition in the muscle. The secretions are not altered; there is no sweating; the urine presents no abnormal conditions. Endo- and peri-carditis never occur as complications; fever is absent.

The attack is often light, and quickly passes away. If it become chronic, further nutritive

* *Lehrbuch der Speciellen Pathologie und Therapie.* Berlin, 1871.

changes take place. The muscle becomes rigid and often atrophies. According to Froriep and Virchow, as quoted by Jaccoud* and Niemeyer,† the fasciculi are beset here and there with thickened connective tissue. Vogel observed, in several chronicc ases, the neurolemma of the nerves supplying the part, to be thickened, hardened and adherent.

In all cases the affection limits itself to the muscles. The joints remain free. Nothing is known of hereditary predisposition to myalgia. In the manifest tendency to recur in the same individual, it and rheumatism are alike. In all essential points their clinical resemblance is of the most superficial kind.

As the result of comparison we have contrast.

Can it, then, be truly said that these two affections are due to the same cause? I think not. It must be admitted that in most cases such muscular conditions are not rheumatic. In my opinion we may go a step further, and say that there is no such thing as muscular rheumatism. The processes which give rise to the phenomena of rheumatism do not directly affect the muscular system.

The credit of having first formulated this opinion previously only vaguely recognized in science, is due to Roche and Cruveilhier,‡ but Valleix, Garrod, Flint, and other writers, who describe myalgia under the head of muscular rheumatism, coincide in this view. Even the statement that the two diseases are frequently associated, is not borne out by the results of extended clinical inquiries. My own observation has not confirmed it. Of seven cases§ taken at random, to illustrate a point of treatment, one had followed an attack of rheumatic fever, one occurred in an individual who had, many years before, suffered from rheumatism, and five give no history whatever of that disease. One followed tonsillitis. DaCosta‖ details two cases of myalgia, one in the loins (lumbago), associated with bronchitis, or following it, the other occurring during an attack of rheumatic fever, and having its seat in the muscles of the neck. In the latter case the constitutional disease yielded to treatment which had no effect upon the local malady. Even were the association much more frequent than it is found to be, the fact would not establish a common causation, seeing that myalgia follows other diseases which impair the nutrition of the body. It is worthy of note that the groups of muscles most frequently involved in cases which happen during or after acute diseases, are those which must work perforce, those which maintain the equilibrium of the body, or carry on respiration, etc. Hence we see wry-neck, lumbago, pleurodynia, associated with other diseases, and affections of the muscles of the extremities after overwork pure and simple.

Further, as has just been hinted, the results of treatment show how unfounded is the belief in the rheumatic origin of muscular pains and rigidities. Of this I can speak confidently since the employment of salicylic acid and salicin in treating rheumatism. Among a multitude of cases reported to show the favorable influence of these drugs, I have yet to find one case of "muscular rheumatism" that has been benefited, and my own experience is the same.

2 *Neuralgia.*—Other observers have regarded Myalgia as a neuralgia, having its seat in the muscles. Valleix* writes as follows:—"Muscular rheumatism and neuralgia have, in the correspondence of their symptoms, their course, their exacerbations, in the absence of appreciable anatomical lesions, the greatest resemblance to each other. These affections often pass the one into the other. * * * * The pain, which is the capital symptom of neuralgia, expresses itself, according to our observation, in three ways. If it remain concentrated in the nerves, characteristic, isolated painful points are found; here is neuralgia properly so-called. If the pain is diffused among the muscles, muscular action is principally painful; we have muscular rheumatism. Finally, if it be spread out upon the skin, an excessive sensibility of the cutaneous surface results and there exists a dermalgia. These three forms of an affection which is the same, may all be present at the same time, or two and two; neuralgia and dermalgia, neuralgia and rheumatism, rheumatism and dermalgia."

No wonder he found nothing more difficult than to trace with exactitude the picture of this malady.

Flint,† who has followed Valleix in treating this subject, regards it as closely allied to neuralgia, and states that, "being one of the

* "Traité de Pathologie Interne," Paris, 1871.
† *Loc. cit.*
‡ "Dict. de Med. et de Chir. Prat." article *Arthrite.*
§ *Philada. Med. Times*, Nov. 7th., 1874.
‖ "Penna. Hospital Reports," vol. I.

* *Loc cit.*
† "Practice of Medicine."

neuroses, it has no anatomical characters." It is not difficult to trace the results of this teaching in the widespread confusion prevalent in regard to some very common painful affections, as, for example, that painful form of stitch known as pleurodynia, and the still more distressing gastrodynia. Even those observers who refuse to class these affections as rheumatic, are too often at a loss as to whether they are neuralgic or purely muscular. Anstie* has concisely contrasted the most important characters of neuralgia and Myalgia, in a way that strongly urges the clinical differences between them, as follows:—

NEURALGIA.	MYALGIA.
Follows the distribution of a recognizable nerve or nerves.	Attacks a limited patch or patches that can be identified with the tendon or aponeurosis of a muscle, which, on inquiry, will be found to have been hardly-worked.
Goes along with an inherited or acquired nervous temperament, which is obvious.	As often as not, occurs in persons with no special neurotic tendency.
Is much less aggravated, usually, by movement than myalgia is.	Is inevitably and very severely aggravated by every movement of the part.
Is at first accompanied by no local tenderness.	Distinguished from the first by localized tenderness in pressure as well as on movement.
Points *douloureux*, when established at a later stage, correspond to the emergence of nerves.	Tender points correspond to tendinous origins and insertions of muscles.
Pain not materially relieved by any change of posture.	Pain usually completely, and always considerably, relieved by full extension of the painful muscle or muscles.

3. *Inflammation.*—That the muscular affection under consideration should have been referred to morbid processes of an inflammatory kind is very natural. The use of the term myositis embodies this view, which is held, among others, by Garrod. This author* defines muscular rheumatism as "an affection of the voluntary muscles of an inflammatory nature (?), but unaccompanied with swelling, heat, redness or febrile disturbance." He assigns the combined influence of cold and damp as a cause, especially when associated with over-use of the muscles.

Though some of the gross characters of inflammation are wanting, and the course of most cases of myalgia is toward a speedy resolution, there are several features of the affection which strongly suggest its inflammatory origin. At all events, the view that the essential pathological conditions consist in a hyperæmia with slight serous exudation, or a partial paralysis of vaso-motor nerves, with escape of serum into the intimate tissues of the muscles, has, from a clinical point of view, much to support it. In the absence of knowledge derived from the actual investigation of the morbid tissue changes in all the stages of the affection, some value is to be accorded to the following facts, as confirmatory of this view:—

It is a local affection; the onset is usually sudden; there is often, from the beginning, a slight, but obvious, fullness of the muscle; tenderness is present as well as pain; in chronic cases inflammatory increase of connective tissue occurs, with changes in the nerve-sheaths and fatty degeneration of muscle-substance. Moreover, the permanent contraction (*contracture*), which sometimes finally sets in, is the same as that which follows true inflammation of muscles after injuries (*traumatic myositis*†).

It is uncertain whether the nerves supplying the muscles are thrown into morbid action by changes in the muscular fibres, and in their sarcolemma, or by simultaneous changes in their own neurilemma. However it arise, irritation of sensory nerve twigs is present, giving rise to pain, along with irritation of motor filaments, which occasion spasms.

Whether the view just spoken of be correct or not, it is probable that the ultimate cause of the irritation within the muscular mass, whatever it is, is common to all cases; and that when Myalgia occurs in a healthy man, after extraordinary muscular effort, or exposure to cold-damp when fatigued, or in a delicate child who has played too long, or in a poorly-fed weaver working long hours over his loom, or in the consumptive whose cough gives him no rest, or in connection with any chronic disease, or acute disease, whether tonsillitis or bronchitis, or fever, or rheumatism, it is the same

* p. 290.

† "Reynolds' System of Medicine," Vol. i.

* Erb, Ziemssen's Cyclopædia, Vol. ix.

thing—the expression of muscles or groups of muscles overworked. As I have said, it is not a disease; it is not a symptom of disease. It is an accident of many diseases—of any disease that lowers nutrition. And it is not less an accident of health, when such muscular effort is demanded as is beyond the capacity of health.

The indications for treatment are twofold; first, the relief of pain; and, second, rest as nearly absolute as can be procured. To a great extent, pain is relieved when the muscle is fully extended and at rest.

In the acute forms anodynes are serviceable in allaying pain and inducing repose. Morphia, used hypodermically, is very useful, but this altogether independently of any local action. Hot fomentations, spongio-piline, or various anodyne lotions, may be used over the affected muscles. Lotions containing aconite, chloroform, etc., may be recommended; so, also, the compound belladonna liniment of the British Pharmacopœia; and I have frequently seen great ease result from the use of the following:—

℞. Chloral hydrate, ℥j–ij
Lin. saponis, f.℥vj. M.

Plasters of belladonna, conium, etc., are also employed, and an ointment, made thus:—

℞. Atropiæ sulphat., gr.j–ij
Cosmoline, ℥j. M.

Frequently rubbed in, over the painful region, may be highly recommended.

Later, when the malady has become chronic, or in cases where it is, from the outset, of the chronic form, the element of spasm becomes important, and more or less rigidity is observed. Here the local use of atropine hypodermically is of the greatest value, and may often be relied upon as the speediest means of cure. Galvanization sometimes does good, but not less often fails, both in relaxing spasms and easing pain. Of acupuncture, as advised by Anstie, I have no practical knowledge in the treatment of myalgia.

To recapitulate:—

Myalgia is a term applied to an affection of the muscles, characterized by pain and spasm.

This affection is known by a variety of names, but it is, in all its forms, probably due to the same pathological condition.

It is a local affection, and arises in most cases from (*a*) exposure to damp and cold, or from (*b*) muscular overwork.

It is not rheumatic. (The term muscular rheumatism is a misnomer.)

It is not a neuralgia, in the common sense.

It is not an inflammation, as that term is generally understood.

Its essential pathology is obscure, but it is probably of the nature of a *sub-inflammatory* process within the muscle.

Rest and relief of pain constitute the treatment.

A NEW REMEDY, CALLED DIGESTINE.

BY A. F. SHELLY, M. D.,
Of Philadelphia.

This is obtained from the gizzard of the domestic fowl (chicken) and is a specific for vomiting in pregnancy. I have used this remedy for twenty-five years, and it has never failed. It is also the most powerful and reliable remedy for the cure of indigestion (dyspepsia), and sick stomach caused from debility of that organ. It is useful in all cases where the pepsines and pancreatines are used, but with much more certainty of its good results, for it puts all those preparations, in my experience, in the background.

In complicated affections of the stomach, such as inflammation, gastralgia, pyrosis, etc., it may be combined with subnitrate of bismuth and opiates; and in diarrhœa and cholera infantum, with astringents, both vegetable and mineral. I have given the article to several prominent physicians, who have used it with the happiest results, among whom I may mention Professor E. Wallace, of the Jefferson Medical College; he gives me the result of seventeen cases as follows:—

In vomiting of pregnancy, out of nine cases he cured six, and palliated two, and in one case the remedy was not taken according to direction, and therefore had no effect.

He used it in seven cases of sick stomach caused by chronic inflammation of the uterus; cured five, and two remained doubtful. He also used it in a case of very obstinate sick stomach, caused by an irreducible hernia, and says this was the only remedy that gave any relief.

We, who have some experience, all know that vomiting of pregnancy is a sore affliction, and in some cases almost unendurable, nay, indeed, putting life in jeopardy; but in digestine we have a remedy which will prove to be a great blessing to mothers, who, as yet, think

vomiting must be endured as a natural consequence.

If I am able, by this publication, to induce the medical fraternity to make use of the remedy, I am positive that a great boon will be conferred upon a class of sufferers who claim our sympathy.

The dose is from five to ten grains, hardly ever more than five, except in obstinate cases. For children, from one to five grains. My mode of administering it is in a spoonful of water or tea, or it may be strewn on a piece of bread and covered over with a little butter; it is, however, nearly tasteless. In dyspepsia and in vomiting of pregnancy, I direct it to be taken half an hour or so before each meal. In other affections of the stomach and bowels, every two to four hours. I give it uncombined, except in complicated cases, as heretofore mentioned.

The methods by which this principle can be obtained from the viscus are various. When I commenced to employ it, I used it in rather a crude state, by pulverizing the lining membrane of the gizzard; but it requires too much care and precision in the drying and cleansing operation, in order not to destroy its virtues. There is also great inconvenience in obtaining the viscus during the heat of summer and extreme cold of winter, as temperature is one of the main things to be observed, in order to preserve its efficacy, purity and sweetness. Later, finding this mode of preparation unsatisfactory, and inconvenient for the above reasons, I consulted with Wm. R. Warner & Co., 1228 Market street, Philadelphia, who have prepared a form, designated digestine; its purity, and also its good effects, I can vouch for.

ON AN OBSCURE HEPATIC AFFECTION.

Read before the Juniata Co. Medical Society,

BY THOMAS A. ELDER, M. D.,
Of Mifflintown, Pa.

GENTLEMEN:—Since the beginning of November, 1876, I have been called upon to treat forty-three cases of a peculiar liver affection. It may be nothing new or strange, but I do not remember to have met with a case before, in a practice of nine years. I, therefore, bring it to the notice of the society, in the hope that more light may be thrown on its etiology, pathology, and treatment, than I am able to throw upon them.

The following are the prominent symptoms It is generally ushered in with a chill, followed with high fever, and accompanied with intense headache and aching of the back and limbs. Very rarely is there any recurrence of the chill; the fever generally subsides with the abatement of the active stage of the disease; the headache and other aches rarely continue more than twenty-four or forty-eight hours.

Pulse.—Rapid, full and strong; 120 being quite common for adults, and 140 to 160 for children. And a peculiarity seems to be that the pulse continues to beat very fast, a hundred or over, for several days after the fever has subsided. (I cannot speak accurately on this point, as my thermometer is broken, but judge from the heat as indicated by the hand).

The Liver.—There is tenderness to the touch over the whole region of the liver, some fullness and hardness, and in some cases, decided enlargement.

The Lungs.—The breathing is generally short, quick, shallow and painful. In most of the cases there was congestion of all of the parts of the throat visible; in some of the cases considerable catarrh of the lungs, and in a few cases inflammation—the right lung being the one affected in each case.

The Tongue.—The tongue I believe to be pathognomonic, as much so as that of scarlet fever. It is uniformly coated with a more or less heavy yellow or brownish coating, except at the tip, which, for a space of from an eighth to a half inch is bare, redder than usual, and covered to a greater or less extent with fine bright red points, about like the size of a pin point, rarely as large as a pin head. These were not raised above the surface. In some of the cases there was also enlargement of some of the papillæ. Another peculiarity of the tongue is, that it is difficult, in many cases impossible, to keep it still when projected. And when still there is that peculiar fibrillary quivering so common in typhoid fever.

In one case only was there jaundice. In a few cases there seemed to be very considerable irritation, or subacute inflammation of the alimentary tract, which was pretty intractable. In some cases there was vomiting and diarrhœa, principally in children; in some diarrhœa alone, and in some costiveness and constipation. The vomiting was generally bilious, the stools light-colored or green. One case had a convulsion, and another died in a state of spasm,

which lasted twelve hours, and thirty-six after having been taken sick.

The above are the prominent symptoms of the affection as it has come under my notice. It is not necessary to say that all of these symptoms did not appear in every case. In fact, it was rare to find two cases exactly alike. In some it was very mild, amounting only to loss of appetite, with slight indisposition, and in others it was of the most severe character, requiring the most active treatment.

Etiology.—On this point I am unable to throw any light. Had it been confined to adults, or to children of a larger growth, or to either sex, or to any particular class of people, I might set it down to the use of too much pork, sausage, etc., or to some peculiarity of sex or surroundings. But every age, sex, and condition were alike affected, from the babe at the breast, or on condensed milk, to the man of hoary head, and those of affluence, as well as those of poverty. Nor was it confined to any particular part of the town or country. Nor, indeed, was it confined to man, for my horse had it, as, also, our kitten. There may have been other cases among the lower animals of which I am not cognizant. As you know, our location is salubrious, so that it could not be due to that. During the summer and fall, as you are aware, we had quite a severe epidemic of scarlatina, also, some diphtheria. Could it be due to a similar general epidemic influence?

Pathology.—In many of its features it corresponds very closely to simple acute congestion of the liver, as described by Murchison (Clinical Lectures, etc.), but differed from it in some marked particulars: in being ushered in with a chill and fever; the rapid pulse; the acute tenderness on pressure over the region of the liver, in most cases; the rarity of jaundice; the pathognomonic appearance of the tongue, and the decided nervous element.

Treatment.—The treatment has been sufficiently simple and successful. I gave, usually, first a full dose of Epsom salt, accompanied, or followed by full doses of a mixture of tartar emetic, pulverized ipecac, and potassium nitrate, repeated every second hour. The mixture was empirical in each case, and by full doses, I mean sufficient to produce nausea, and, in some cases, vomiting. Under this treatment, a majority of the cases were decidedly relieved within forty-eight hours, and cured in four or five days. In the complicated cases, it was necessary to institute other treatment, addressed to the particular complication, after the active stage had been subdued by the sedatives. The inflammation of the lungs was much more amenable to treatment than ordinary simple pneumonia. In some of the cases it was necessary to give opiates to relieve the pain and allay the nervous excitement. Some cases required nothing more than the simple treatment above enumerated; others required simple bitter tonics for a week or two. But it was remarkable, considering the apparent severity of many cases, to note the small amount of debility which followed. In some cases it became necessary to give spirits of turpentine and lime water, to allay the irritability of the alimentary canal.

Diet.—All meats and stimulating articles of diet were interdicted, and the patients kept on very plain, simple, unstimulating diet, principally milk. Oranges were allowed, and lemonade used freely as a drink.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SURGICAL CLINIC BY JOHN H. BRINTON, M.D.,
January 10, 1877.

REPORTED BY J. M. MURRAY, M. D.

Hypertrophy of the Prostate.

* * * * * * * * *

I wish, gentlemen, next to direct your attention to certain points connected with enlargement of the prostate gland, hypertrophy, as it is called; and especially to the proper mode of catheterization to be employed in such cases. First of all, I shall ask you to look at this preparation of a bladder, urethra, and prostate. You will observe the situation of the latter, directly in front of the neck of the bladder, and that it is traversed or channeled by the urethra.

The prostate is often described by anatomists as being equal in size to a horse-chestnut, but as such a comparison is, at best, but a vague one, I must beg that you will try to form and fix in your minds your own estimate of the gland, from the typical one upon the table. Consider this, if you please, to be a gland of natural healthy size. We know that the prostate is subject to enlargement, to true hypertrophy or increased growth of glandular structure, and to enlargement dependent on the growth or formation of fibrous tissue. These developments, termed generally hypertrophy, happen as men advance in years, and are of very frequent occurrence.

Let the pathology of prostatic hypertrophy be what it may, the gland, when it enlarges, presses to a greater or less extent upon the urethra and neck of the bladder, and thus acts as a mechanical obstacle or impediment to the escape of the urine. The increase of size may affect any part of the gland, the lateral lobes, singly, or together, or the isthmus or median lobe, as it is called. Frequently all parts of the gland are simultaneously increased in size. Strange to say, the inconvenience resulting from this affection is by no means in proportion to the amount of local swelling. Lateral or bilateral hypertrophy are sometimes accompanied with comparatively slight evil consequences, while sometimes the distress is very great. Enlargement of the middle lobe, or the isthmus, is most generally troublesome. You can readily understand why this should be, since, as I show you in this diagram, increase of size may cause this middle lobe to act as a valve, so that, from its very position, the harder the patient strains the greater may be the tension on this valve-like obstruction to the urethra, and the greater, consequently, the opposition to the urine flow.

It is difficult, always, to define exactly the varying conditions of the whole or part of the gland which give rise to so much misery. It is not altogether due to the bulk alone, for, as I have before said, I have often examined cases in which very considerable enlargement existed, without corresponding difficulty in urination. A great deal, I fancy, depends upon the amount or degree of induration of the gland, for the gland may be enlarged without being greatly indurated, and, on the other hand, it may be indurated without being very materially increased in size. The presence of an inflammatory condition of the prostate goes far to impede urination, especially if the inflammation be acute or subacute; and you have no idea, gentlemen, how often such an inflammation is developed. Sometimes, perhaps, it results from cold, or straining, or from idiopathic causes which we cannot explain, but often, I repeat, from improper instrumentation.

I will now bring the two patients before you, each of whom suffers from prostatic hypertrophy, and in whom the symptoms are strikingly analogous, and at the same time typical of the affection I am speaking of.

One of these men, J. S., is 62 years of age, has been a seaman, and tells me that he has experienced considerable trouble in emptying his bladder for two or three years past. He passes his water very frequently—every hour, or half hour—more frequently, relatively, at night than in the daytime. Urination is accompanied by pain and by great straining; at times he will fairly tremble with the amount of muscular force which he uses in the attempt. His stream is small; and is devoid of propulsive force. He suffers, too, from constant dribbling, his water coming away from him involuntarily, and, as a consequence, his under-clothes and pants are almost always wet. The urine passed, if collected and examined, is turbid. He has never had complete retention.

The other patient, W. J., is a man of 78 years of age. He, too, has experienced difficulty in passing his water for several years, and suffers from the same frequency of urination, increased at night, dribbling, and incontinence, as we have met with in the first case. He has, moreover, pain before micturition, and the urine, if allowed to stand, is cloudy and fetid. In both cases metallic instruments meet with obstruction at the prostate gland, and in the latter case there is undoubtedly, I think, an elevation of the gland in the middle line, just in the front of the neck of the bladder. Digital examination by the rectum reveals, in the patient first referred to, enlargement of both lateral prostatic lobes, without any very great induration. In the second patient the hypertrophy is chiefly of the right lobe, which is somewhat hardened.

Here, then, gentlemen, we have two patients with symptoms which we may regard as typical of ordinary prostatic hypertrophy; to wit, frequent micturition, increased at night, preceded, and sometimes accompanied, by pain; absence of propulsive force; cloudy urine, and constant dribbling. This latter symptom is sometimes spoken of as incontinence; it is, in reality, as pointed out by Sir Henry Thompson, an "overflow," and indicates rather that the bladder is charged to its capacity, than that it is incapable of holding its contents. This dribbling is taking place, this morning, from both of these bladders, but I shall show you, presently, by the introduction of instruments, that in each there is a quantity of urine, more or less, to which Thompson has applied the term, "residual urine." The amount of this residual urine differs in different bladders, for the capacity of the organ varies in this disease. I have often, on post-mortem examination, found the bladder greatly reduced in size, with thickened walls and a contracted cavity. Sometimes, however, its walls may be thinned and its capacity enlarged. Another consequence of prostatic enlargement is retention of urine, or entire inability, on the part of the patient, to pass his water. This condition often results, in hypertrophied prostates, from the patient catching a cold, or being imprudent in diet, and from acute inflammation supervening in the already diseased gland; it, of course, should be relieved at once by proper catheterization.

I have thus, in a very few brief sentences, endeavored to touch upon the salient points in the history of prostatic hypertrophy. I have done so as a prelude, simply, to a few remarks upon the use of the catheter, and especially in those cases accompanied by retention, as I have shown you. I know of nothing more puzzling to the young practitioner than to be called in a hurry to a case of retention of urine dependent upon enlargement of this gland; to feel that his patient must be relieved; that his own reputation is at stake; and yet, at the same time, to be undecided in mind as to his exact

course. Therefore, gentlemen, let me ask your attention. If you already know what I have to tell you, repetition can do no harm; if you do not, I, perchance, may do you, and through your ministrations, your patients hereafter, some little good.

In previous lectures I have shown you how difficult urination and retention may be caused by urethral stricture. To-day, I tell you that they may also be caused by prostatic enlargement. In stricture, the urethral canal is absolutely narrowed by deposits within its walls, or closely surrounding and involving its mucous layer. In hypertrophy of the prostate, the urethra is pressed upon by the enlarged gland. It may be very tortuous; it may be elongated; but still, in the vast majority of cases, the calibre of the canal is, I believe, there—when I say its calibre, I mean the distensibility or dilatability of the urethra, or its power of yielding, to permit the passage of an instrument properly selected and adroitly applied. Now, the business of the surgeon, in these cases, is to choose the right instrument, and so to use it as to cause it to glide readily, and, if possible, painlessly, along the goose-neck course of the devious urethral channel. I here, by a diagram, illustrate this course, and you see at once how the canal may be made to deviate laterally, or in an upward direction, by the enlargement of the respective portions of the gland. See, too, how, in bilateral hypertrophy, a very painful compression may be brought on the urethra, and how strongly the passage of an instrument may be resisted.

Now let us look at the best means of emptying the bladder in these cases of prostatic enlargement. I shall not pretend to consider all, or even very many, of the methods proposed, but shall rather direct your attention at once to the instruments I advise you to employ in the earlier days of your practice.

Here, on the table, I have a series of prostatic catheters; all are good in their way, all are of service in skillful hands, and in proper cases, yet there is a choice to be made, especially by the young practitioner. This one which I now show you is the silver prostatic catheter. You observe its large curve, and notice, too, that the curve extends well up to the point of the instrument. In an ordinary case of prostatic hypertrophy this instrument answers well enough, but when the prostate is irritable, or inflamed, it is apt to cause pain. I do not advise you to employ the metallic catheter, at all events, in your earlier cases; avoid always, if possible, any manipulation which causes pain, if you wish to preserve your patient's confidence, and, at the same time, to do him a real good. If you have a choice of methods, select that which is the least disagreeable to him; and in the vast majority of cases of the trouble we are discussing I think you will find that more may be done by means of the flexible soft catheter, than with the metallic instrument.

Of the soft catheters, we have several varieties. Here is one pattern which I employ very largely, the French flexible olivary-pointed catheter; you see its long, tapering extremity, terminating in a little bulb. You will comprehend how easily this catheter, when slightly softened in warm water, and well oiled, will glide along the urethra, and how readily its long flexible neck can accommodate itself to the curves and sinuosities of a distorted canal. It is well suited to almost any of the cases of ordinary prostatic hypertrophy, and is very valuable when bilateral enlargement exists, especially if the gland be irritated or inflamed. It is, however, a delicate instrument; the neck is easily cracked and broken, and it does not resist very well the chemical action of the urine, especially should it ever be necessary to leave it for any length of time in the urethra and bladder. Here is another form of catheter, one which is perfectly flexible, absolutely safe, of great ease of introduction, and in every respect a most valuable instrument. It is made of soft rubber; this one is of French manufacture, and this is of English; the surface of the latter is smooth and polished, and, when oiled, passes, with scarcely any friction, along the urethral canal. The French pattern is not quite so smooth, but still it is very good, and it costs only about one-half as much as the English instrument. One very decided advantage possessed by these rubber instruments over all others, is their absolute immunity to all urinary chemical reaction. They can be left in the bladder almost indefinitely without being corroded. This very French instrument, in my hand, has at different times been left in the urethra and bladder for an aggregate of forty-eight days, and yet you see that it is still perfectly sound.

Now let me suppose that one of you, gentlemen, has been called to a case of retention dependent upon prostatic enlargement; that the symptoms are urgent, and that the patient, an old man, must be relieved. What will you do. To begin with, you must have confidence in yourself; the sufferer will then have confidence in you. Go about your professional duties as one knowing exactly what to do, and in this manner. Remember that the patient's position has not a little to do with your ability to pass the instrument; therefore, attend carefully to his posture in bed. Have him brought to the edge of the bed; let his legs rest over the edge, and let each foot be supported by a chair, his knees being well separated. Have each limb separately wrapped in a blanket, and have his body well covered. Thus protected, he will not become chilly; he will be comfortable; will better sustain your manipulation, and he will see that you know what you are about. Put a pillow under his shoulders, so as to relax his abdominal muscles; and at the same time elevate his pelvis by a small, hard pillow.

I have now placed the patient before you, in the position I have described; he is properly wrapped up, and I will now pass this French rubber catheter in the manner I advise you to do hereafter. Before doing so, however, I in-

ject into the urethra, with this small syringe, a couple of drachms of olive oil, and by gentle external pressure let it find its way down the canal. I then dip my catheter in warm water, oil it well, and into its calibre I insert, for five or six inches, this fine catgut, or what is quite as good, a number one flexible catheter. I thus stiffen the upper end of the instrument a little, leaving, however, its lower part as limber and flexible as a whip lash. I now introduce the point of the catheter into the meatus, and carry it easily down, by short successive graspings of the upper, stiffened part. I feel that the point is passing nicely and smoothly along that portion of the canal compressed by the prostate, and that it has now entered the bladder, without producing, my patient tells me, the slightest pain. I withdraw the catgut, and the urine, loaded with mucus and pus, flows out, to the amount of three or four ounces. This is the residual urine I have already described to you, so characteristic of prostatic hypertrophy. I should here state that after a little practice with this rubber catheter, you will find that the central catgut or little catheter is unnecessary; the catheter can be used alone.

I have employed the stiffened instrument merely to show you what to do if you experience any difficulty in a first introduction. Further to illustrate to you how readily this passage of the flexible catheter can be effected, I will ask one of your number to pass this same instrument, freshly cleaned and oiled, upon this other case of enlarged prostate, whom we will place in the same position, and subject to the same manipulation; now, however, we will dispense with the stiffening catgut. (Instrument passed readily, by a member of the class, and residual urine drawn off.)

You thus see, gentlemen, how easily, how very easily, gentle, well-directed manipulation may be made to succeed in difficult cases, and let me tell you, that in each of these patients sufficient disease exists to render catheterization very difficult and painful, had a metallic, or unyielding instrument been employed. I have spoken of the French olivary bulbous bougies; they may be used in the same manner, and are peculiarly applicable when bilateral enlargement of the prostate exists to such an extent as forcibly to compress the urethra; in such case, the instrument must be carried in gently, yet firmly. Here are several varieties, with necks of varying lengths and dimensions, to meet different cases. The common English catheter may be resorted to in the same manner, if the precaution be first taken to thoroughly soften, and thus render them flexible, before introduction.

I have not spoken to you, this morning, of the vertebrated metallic catheter of Squire, nor of other ingenious instruments devised to be passed along the tortuous urethra we have been discussing. To tell you the truth, in all cases where catheterization is painful and difficult I prefer to use those instruments which cause the least suffering to my patient, and in my judgment, in most instances, the end desired can be best arrived at by the use of the soft instruments. There are, it is true, exceptional cases, in which catheters bent at varying angles, as Mercier's and others, are valuable; and these, with matters of after-treatment, I will bring before you in a succeeding lecture. To-day, I have sought only to indicate to you a general mode of treatment. At the same time, I verily and honestly believe that this mode of treatment will go far in enabling you successfully to overcome those urgent symptoms of difficult urination, and of retention, which so often are productive, not only of suffering to the patient in his bed, but also of annoyance to the physician in his practice.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, December 26th, 1876, Dr. C. K. Briddon, President, in the chair.

Dr. Lewis A. Sayre stated that the membrane which he had found covering the head of the femur, in one of the cases of exsection of the hip-joint reported by him at the last meeting, was composed of true cartilage, according to Dr. Heitzman, who had made a microscopical examination of the specimen. Dr. Sayre remarked that this was a very interesting case, from the fact that the process of repair was going on at that point, while necrosis was progressing below.

Dr. Heitzman said that he had seen an analogous case in Vienna. The patient was a boy, upon whom Billroth had performed the operation for exsection of the hip-joint; true cartilage had been found covering the head of the bone some years later, after his death.

Intestinal Concretion.

Dr. Heitzman said that he had made a microscopical examination of the concretion found in the appendix vermiformis, which had been presented as a specimen, at the last meeting, by Dr. Briddon. He had found it to consist of a granular molecular mass, in which were imbedded mucous corpuscles, and crystals magnesia, and phosphates. In this debris were seen small polyhedral elements, as is found in the husks of some fruits, such as gooseberries. Dr. Heitzman was of the opinion that the patient had probably swallowed, a long time ago, the stem of a gooseberry, which had given rise to this peculiar concrete formation.

Popliteal Aneurism—Ligation of Femoral Artery—Amputation—Sarcoma of Femur, with Symptoms Simulating Popliteal Aneurism.

Dr. Erskine Mason presented two specimens, the first being of aneurism of the popliteal artery, with a history as follows:—

A man, aged sixty-four, was admitted to the

Colored Home on May 10th, 1876. He stated that he had contracted syphilis eight years before. During October, 1875, while jumping over a ditch, he felt as if something had given way in his left knee-joint. Two months before he was seen he had first noticed the presence of a tumor in the left popliteal space. On admission, the tumor was seen, and no pulsation could be detected in the posterior tibial artery. On May 15th the femoral artery was ligated in Scarpa's triangle. Soon evidences of commencing gangrene were noticed, in the form of vesicles, upon the left foot, but it was not until June 14th that the line of demarcation around the ankle-joint became manifest. Amputation was performed toward the end of June. The patient died from prostration, induced by excessive heat, on the eighth day after the operation.

The aneurismal sac had originated from the anterior surface of the artery, and was somewhat larger than an ordinary-sized fist. The tumor was well consolidated. The second specimen was one of sarcoma of the femur, and was of great interest, from the fact that it had given rise to symptoms closely simulating those of aneurism of the popliteal artery. A man, twenty-four years of age, entered Roosevelt Hospital, on March 18th, 1876. He gave a family history of phthisis. Five months before he was seen, he had first felt pain in the posterior portion of his left knee joint. No history of an injury could be obtained. However, some time previous to feeling the pain in his knee, the patient (being an upholsterer) had been laying carpets, which had led the doctor to the opinion that he might have injured his knee at that time. On admission, an oval tumor was seen in the popliteal space, measuring two and a half inches vertically, and two inches transversely. Pulsation was detected in the tumor. On practicing auscultation over its surface, a loud harsh bruit was heard. By making firm pressure upon the femoral artery in the groin, pulsation would cease in the tumor. The left leg was cooler to the touch than the right one. Only slight pulsation could be detected in the posterior tibial artery. The diagnosis of aneurism of the popliteal artery was made by himself, in which all of the members of the visiting staff of the hospital, and all outside medical men who saw the case, fully concurred. On March 17th, treatment by flexion was commenced, which diminished the pulsation and bruit in the tumor. The application of Esmarch's bandage above the tumor was next tried, but became so painful after a short period as to necessitate its removal. The next procedure adopted in the treatment of the case was by digital compression, undertaken by a relay of students, and continued for three hours at a time. This plan was discontinued, and an artery compressor was adjusted over the femoral, and kept on for nine consecutive days, with the result of producing only a slight diminution in the size of the tumor. The operation of ligation of the femoral artery was finally decided upon, and accordingly performed in Scarpa's triangle, on March 21st. As a result, pulsation had completely ceased in the tumor, and the patient had done well until the sixth day, when he began to complain of violent throbbing and deep-seated pain in the knee joint, which became the seat of severe inflammation. This symptom seemed to indicate suppuration of the tumor, and was regarded as such at the time. On May 1st, Dr. Weir had taken charge of the service. Fluctuation in the tumor was detected, and blood and pus were aspirated by means of the hypodermic syringe. The application of poultices to the tumor was then ordered. On May 21st an incision was made into it and pus discharged. The lymphatic ganglia in the corresponding groin were enlarged. On examining the growth at this period, it was found to spring from the anterior surface of the femur, and it was thought that after all the tumor might not be aneurism. Shortly afterward it had burst, and the first opinion as to its being an aneurism, was entertained. On June 22d amputation of the thigh was performed. The patient had died, of phthisis, on August 5th. An examination of the tumor showed it to be filled with a material resembling laminated fibrin. It had originated from the cancellated tissue of the anterior part of the femur. A microscopical examination, made by Dr. Satterthwaite, had showed it to be a large-celled sarcoma.

Dr. Mason remarked that all the symptoms present were those of aneurism of the popliteal artery, and that he knew of no sign which could have determined the real nature of the disease. The cessation of pulsation in the tumor by compressing the femoral artery was a strong point in favoring the suspicion of aneurism.

Dr. Austin Flint, Sr., said that when tumors were situated near an artery, a double systolic murmur could usually be heard over them.

Dr. Heitzman was of the opinion that it became important to examine the lungs of patients who had aneurism, inasmuch as Rokitansky, some thirty years ago, had demonstrated the fact that aneurism does not, as a rule, occur in patients who suffer from tuberculosis. He had found that atheromatous degeneration of the arteries did not usually exist in these cases.

Dr. Heitzman himself had found, in about one hundred autopsies of cases of phthisis he had made, only very few in which atheroma of the aorta was present. Of course traumatic aneurisms (*e. g.*, the case presented) were not necessarily included in this statement.

Dr. Ripley said that he had once attended a lady, aged forty, who had died of tubercular peritonitis, in whose case atheroma was found at the lower portion of the aorta. Her lungs had been found in a healthy condition.

Dislocation of Humerus, Complicated by Fracture of the Greater Tuberosity.

Dr. Ripley presented a specimen of dislocation of the humerus forward, with fracture of the greater tuberosity.

The history was as follows: A man, fifty-two years of age, whose weight was about two hundred pounds, fell from a carriage, striking his left shoulder. The diagnosis of dislocation of the humerus had been made by a physician shortly after the occurrence of the accident, and after employing the usual manipulations it was thought that reduction of the dislocation had been accomplished. At the end of four weeks the patient had consulted Dr. Ripley for an ulcer upon his leg.

On examining the left upper extremity, it was discovered that the elbow projected backward, and the arm outward from the side of the chest. The shoulder was flattened and the acromion process prominent. In front of the coracoid process, a round and broad (due to the callous deposit) tumor was detected, and recognized as the head of the humerus, from the fact that rotation was produced on causing the same movement of that arm. The diagnosis of dislocation forward and fracture of the neck of the humerus was made by the doctor. The patient had refused to be etherized, and the operation for reduction of the bone had consequently not been practiced. Two years afterward the patient had died of phthisis. Dislocation of the humerus below the clavicle, with fracture of the greater tuberosity, had been found. This condition allowed of a certain degree of motion of the greater tuberosity upon the humerus.

Roots of a Vegetable Plant Swallowed by a Hysterical Female.

Dr. Heitzman exhibited the roots of a vegetable plant which had been partly digested. The specimen had been sent to the doctor for microscopical examination, by a physician from Elizabeth, N. J. The patient had complained to him that she was in the habit of passing through her anus this peculiar kind of substance. After receiving Dr. Heitzman's report as to its nature, the doctor had apprised her of the fact, but she denied *in toto* ever having swallowed the kind of plant mentioned. However, she has passed none of that substance since.

Dr. Heitzman regarded the case as one of hysteria, and in this connection referred to the one reported by Dr. Austin Flint, Sr., at the last meeting of the society, in which the woman had swallowed fragments of a sand (neries) worm.

Epithelioma of Labium.

Dr. Hinton presented a specimen of epithelial cancer of the right labium, which he had removed, by operation, a week previous, from a woman, aged 67. The first symptom which had been noticed by the patient had been a frequent desire to micturate. The growth was first small, and had appeared eight months before its removal. It had gradually increased in size, until it filled the whole of the right labium, being, when removed, about the size of a goose egg. The tumor had been examined by Dr. Satterthwaite; on section, it was firm, and not tough, presenting a white, glistening appearance. Under the microscope, white plugs were seen, scattered throughout, which were composed of a large variety of fusiform and oval corpuscles, with large epithelial nests. The gross and microscopic appearances of the growth showed it to be epithelial cancer.

Hydrocephalic Cranium.

The President presented, in behalf of Dr. Metcalf, a large-sized cranium, from a colored girl. The specimen had been sent to Dr. Metcalf by Dr. Gettings, of South Carolina, for presentation before the society. The feature of the case was the unusual period of ossification, which had taken place at the age of seven. The largest circumference was twenty-five and three-quarter inches, and the right coronal suture was one and a half inches in advance of the left one.

Editorial Department.

Periscope.

A Case of Hermaphrodism.

Translated from the Spanish, by John Sundberg, M. D., Baltimore, Md.

Dr. Ceccherelli, in the medical review of Florence, *Lo Sperimentale*, gives a description of a case of hermaphrodism, which he has examined recently, and which resembles those reported by Virchow, Rokitansky, and Seulz.

The Florentine monster is fourteen years of age; her (his) mammæ are well developed and hang down; the right eye is larger than the left; the penis, with its hypospadean meatus, can receive a sound, which, about two centimetres from the meatus, meets with another aperture, through which the urine and spermatic fluid escape. She (he) is provided with one single testicle, which is well developed.

Until within the last few years this individual had been considered a female, and named Catalina, the glans penis having been taken for the clitoris. Introducing the finger between the two labia, below the glans, an eminence is found which possesses all the characteristics of the uterine neck. The female organs of generation are complete; she has menstruated regularly

since her twelfth year, and has performed the copulative functions of the female, without any obstacles or difficulties. The prostate cannot be reached, on account of the presence of the uterus. The seminal vesicles undoubtedly exist; the sperm, examined by Virchow, presenting spermatozoids, so that Catalina may, in her turn, be the active agent of coitus.—*La Andalucia Medica, Nov.* 20, 1876.

Remedies for Chronic Diarrhœa.

Dr. J K. Spender writes to the *British Medical Journal*:—

Medical men are often troubled with cases in which a painless diarrhœa is the leading symptom. It may come and go with the changes of temperature (being specially influenced by dampness of air and decaying vegetation), or it may be the sequel of an acute form of the malady which was never properly cured during the summer. Assuming that most of the common remedies within reach have been tried, and have only partially succeeded, I venture to recommend, firstly, a systematic use of the more powerful vegetable astringents, somewhat as follows:—(*a*) A teaspoonful of tincture of galls in an ounce of distilled water, three times a day, is extremely effective, and should be continued at least once daily, for some weeks. (*b*) The liquid extract of bael has many merits, and may be given in the same way. (*c*) Salicin should be administered in a dose of five or six grains, perhaps combined with a grain of ipecacuanha. Let them be mixed into a couple of pills, and taken three or four times a day. This plan seldom fails to appease an obstinate diarrhœa. But, secondly, opium is now and then absolutely necessary, and I contend that it should always be prescribed in comparatively small and frequent doses, so as to obtain the least physiological with the most medicinal effect. Let the wine of opium be given to an adult in the quantity of three or four minims (with an ounce of chloroform water), five or six times in the twenty-four hours, and the remedy ought invariably to be left off by degrees.

On Heredity in Nervous Diseases.

Dr. Hughlings-Jackson, says the London *Medical Times and Gazette*, frequently insists on the fact that nearly all nervous diseases, of which the pathology is known, are not nervous in the sense that the pathological changes begin in nervous tissue. For example, it is plain that that most common affection of the nervous system, hemiplegia, is, pathologically, nearly always of non-nervous origin; it is due nearly always to rupture or blocking-up of some arterial branch of a nervous centre. Of the neuroses—chorea and epilepsy we shall suppose—the pathology is considered to be unknown, and, if so, we are obviously unable to say whether they are due to pathological changes beginning in nervous tissue, or not. Dr. Hughlings-Jackson's hypothesis is, that in chorea and in those cases of epilepsy where no morbid alterations have as yet been discovered post-mortem, the changes begin in the arterial system. It may be said "that this is only a hypothesis." So at present is every view as to the pathology of the neuroses.

We can have no clear ideas as to the inheritance of "diseases" of the nervous system until we have clear ideas of their pathology. Suppose a current hypothesis (and it is a hypothesis just as much as the one which supposes the two neuroses mentioned to be owing to pathological changes beginning in arteries)—that the two neuroses we have mentioned are owing to changes beginning in nervous tissue—were verified, the fact that the patient's father or mother had hemiplegia (an arterial disease) is no evidence that their son inherits a tendency to his nervous affection.

In working at the hypothesis of the "arterial pathology" of the two neuroses, and we may add migraine, we should note the presence or absence of all diseases which go along with disease of the arterial system (arteries, heart, etc.). It is not meant to fix a limit to our inquiries; but, in the midst of scientific investigations, we must consider things separately for awhile, not to the prejudice of a completer inquiry afterward. We inquire for gout, rheumatism, and renal disease. One association Dr. Hughlings-Jackson has often noted, either in one patient or in one family—viz., chorea, migraine, and rheumatism. His hypothesis is that migraine, like chorea, and certain cases of epilepsy, is owing to local changes of instability induced by embolism or thrombosis. It must never be forgotten that plugging of cerebral arteries can produce increased afflux of blood, and often, indeed, extravasation in the capillary regions to which the plugged vessels belong. This is an important matter for consideration in cases where, as the excessive expenditure shows, there is greater "storing up" of force.

Gonorrhœal Endocarditis.

Dr. Marty, of the Val-de-Grâce, has a paper on this subject, in the *Archives Générales de Médicine*, for December. It is based on a case under the care of Professor Poncet, but there is a pretty full *résumé* of a number of cases previously recorded.

D., aged twenty-two, was admitted to the Val de Grâce under M. Poncet, August 17th, 1876. There were no rheumatic or cardiac antecedents in his family, and he had never suffered from any articular symptom. When five years old he stated that he had been subject to palpitations, but for several years he had been in the habit of lifting heavy weights without any trouble. His gonorrhœa began on August 15th, after eight days' incubation. The attack was of moderate severity; rather sharp pain, and abundant discharge; a little local inflammation; no general phenomena. In a few days he had some gastric catarrh, but not the least joint-pain. From August 17th to Septem

ber 22d the gonorrhœa followed its usual course. On September 22d he had repeated rigors and intense headache. His gonorrhœa diminished without being completely suppressed. On the 26th the first sound at the base was altered, and on the 28th there was a systolic murmur, heard best at the junction of the third left costal cartilage with the sternum, and conducted along the aorta. His temperature was 101.4° in the morning, and 103.2° in the evening. It had been so within a few points for four days, but the patient did not show much distress. His tongue was moist, his pulse full and strong. He was treated with a blister over the cardiac region, and digitalis. On August 4th there was some vomiting and a little intermittence of pulse. On the 5th there was some pre-sternal pain; the pulse was full, but intermittent. The murmur was traced along the vessels of the neck. The discharge was almost *nil*. On the 6th the evening temperature again rose to 102.9°, and there was palpitation for the first time. There was abundant sweating; constipation; tongue moist. On the 8th there were some râles heard in the lungs, believed to be due to œdema. After the 13th the patient gradually improved. On the 23d there was nothing to note except that he was feeble, that he still sweated, that the murmur was scarcely altered, and that the urethral discharge had quite disappeared. On the 26th his general improvement was still maintained, but the gonorrhœa reappeared. Dr. Marty believed that the murmur was due to the occurrence of proliferating endocarditis at the level of or on one of the aortic valves.

We have only space to summarize Dr. Marty's general conclusions, which are as follows:—

Gonorrhœa may be complicated with inflammation of all the serous membranes, and may act in direct way on each of them. Rheumatism is by no means a necessary middle term between the specific lesion and the lesion of the serous membrane, although the cases of coexistence of the two complications are most frequent. The cardiac complications are rare. Of the several orifices the aortic one is most commonly attacked. Endocarditis appears to have occurred as frequently as pericarditis, if not more so.

Antagonism between Morphia and Atropia.

The following are the conclusions arrived at by Dr. Corona, as quoted from his experiments, in the Edinburgh *Medical Journal*:—

1. Atropia quickens respiration; morphia retards and modifies it.

2. Atropia produces convulsions, but never sleep, in dogs and rabbits; morphia produces sleep and deep coma.

3. Atropia slows the heart's action; morphia quickens the movements of the heart.

4. While the heart's action is being diminished by atropia, the temperature remains stationary or is slightly increased; during the acceleration of the heart's action by morphia the temperature falls.

5. Dilatation of the pupil is the most marked symptom produced by atropia; with morphia the pupil may be dilated, stationary, or contracted. When atropia is injected in large dose into the circulation, dilatation does not occur, because both the circular and radiating fibres of the iris are paralyzed.

6. Atropia always produces vaso-motor paralysis; morphia never does so.

7. Atropia depresses reflex action, and always produces paralysis of the posterior part of the body in animals; morphia either leaves reflex action intact or sometimes exalts it.

8. On *post-mortem* examination, the lungs, liver, and system were normal after poisoning with atropia and morphia. The heart and large vessels were always full of blood, but it was coagulated in poisoning by morphia, fluid and blackish in poisoning by atropia. The meninges were in both cases always congested, while the brain substance was constantly anæmic. The medulla oblongata and tubercula quadrigemina were never hyperæmic, while their meningeal covering was always so.

9. As regards the toxic dose, there was very great variation both in regard to the age and race of the animal. The toxic dose of morphia was much less in dogs than in rabbits. Atropia was tolerated in large doses; it never proved fatal in rabbits in less than 50 centigrammes, except in young and very small animals.

A Case of Pneumonia.

We select the following case from a hospital report in the *Lancet*, to show the treatment of pneumonia as conducted by Dr. George Johnson, of London:—

Henry M——, aged thirty-five, a strongly built and previously healthy man, was admitted, November 22d, 1876, with pneumonia. He gave the following account of his illness. On November 18th he got his feet very wet, and during the afternoon of the next day he was suddenly seized with a sharp stabbing pain in the left side, and became very faint and dizzy, so that he was obliged to go to bed. Soon after he noticed that his breath was getting very short, and he began to cough. On the 20th the shortness of breath and cough had greatly increased, and were now accompanied with a brown-colored frothy expectoration; the patient also complained of feeling very hot and feverish. This state continued, preventing sleep almost entirely, until his admission, when he was found to be very prostrate, and suffering from dyspnœa, the breathing being sixty-four per minute; his face was dusky, and the lips were livid; cough was very troublesome, and accompanied by a rusty-colored liquid expectoration. There was diminished expansion of the left side, with dullness on percussion, all over back and front, a tubular note being obtained in the supra-mammary region. Loud bronchial breathing and bronchophony

were heard at the back, but no moist sounds could be detected. In front the breath-sounds were very indistinct. Vocal fremitus was markedly diminished. On the right side the breathing was puerile. The heart-sounds were feeble; pulse 106, and rather tense; temperature, 103.4°; skin hot and dry; urine high-colored and scanty; chlorides not diminished. He was ordered a mixture of acetate of ammonia, six ounces of brandy in twenty-four hours, and a diet of milk and beef tea. Linseed-meal poultices were applied to the left side.

November 23d.—Condition unimproved. Did not sleep at all during the night. Respiration 64. Twelve ounces of blood taken from his right arm, with the effect of reducing the respiration to forty-four per minute, and of relieving the sense of dyspnœa to a considerable degree.

24th.—He appeared much more comfortable than yesterday morning. Respiration, 54; pulse 108; temperature, 102.4°.

From this time he gradually improved.

Salicylic Acid vs. the Bath, in Rheumatism.

Mr. William Carter, of Liverpool, describes two cases of rheumatism treated with salicylic acid, in the *Lancet*, and comments as follows on the second one, the first proving fatal:—

The bath saved this man's life, as it would in all probability have saved that of the previous patient if it had been used earlier. Salicylic acid, though it undoubtedly appears to cut short many an ordinary rheumatic attack, did not prevent the accession of a dangerous temperature; and when such a temperature has been reached there is no agent capable of reducing it with sufficient rapidity to ward off death but cold externally applied, and the most convenient method of application is the cool bath. I have had a considerable number of cases of acute rheumatism under my care, which salicylic acid or salicin has appeared rapidly to cure, but I had also had a number of consecutive cases rapidly relieved by tincture of veratrum viride, and I had begun to hope that in that drug the long-looked-for remedy for the disease had been discovered, until a few years ago, for the first time in my life, first one and then another of those terrible cases came under my notice, in which the temperature rapidly runs up to an alarming height, and delirium, coma and death quickly follow. In such cases, that is, where a temperature of 107°, or thereabouts, has been reached, and the patient has, at the same time, become delirious, the cold bath, and it alone, affords ground for hope. All other remedies are too slow in their action. Neither quinine, with stimulants, alkalies, salicylic acid, blisters (all of them of the utmost use at times), or, indeed, any other treatment with which I am acquainted, will insure the patients against the accession of the dangerous symptoms, or will subdue them when they have set in.

The Identity of Typhoid, Nervous, and Continued Fevers.

In the *Medical Press and Circular*, Dr. T. P. Tuckey maintains the identity of these three complaints. He presents the following table from Dr. Copland's work, to show this:—

	SIMPLE CONTINUED.	NERVOUS.	TYPHO-ENTERIC.
Pulse.	100-120, small, weak, irregular; intermittent when a dangerous attack.	Soft, feeble, and quick; about eleventh day very quick and unequal.	90-120 in later stages, soft, compressible, feeble, small, irregular, or intermittent.
Temperature.	Heat of surface generally rises over 100°.	Heat of skin natural or diminished.	Skin warm and dry in evening and night, cooler in the morning.
Tongue.	White, foul, loaded or furred; again red at its sides, and point loaded with dirty yellow fur.	Loaded or covered with a dirty mucus, afterward brown or black, incrusted, or fissured.	Furred, with red edges; afterward dry and brown, or red and glazed, and marked by fissures.
Gastric Symptoms.	Tenderness at epigastrium; looseness or diarrhœa of an ochery hue; vomiting early.	Fetor of the breath and of the discharges, an irregular relaxed state of the bowels, pain at the epigastrium, nausea and vomiting.	Stools color of yellow ochre, offensive. The abdomen is distended, occasionally bilious vomiting, abdominal pains, breath very offensive, flatulence, diarrhœa.
Symptoms.	Pain in head, throbbing of arteries, brilliant expression of eyes, marked acuteness of senses, watchfulness and restlessness, moaning and incoherent muttering, dilated pupils, and coma.	Countenance pallid or transiently flushed, head heavy, continual restlessness, want of sleep, tremor, hearing dull, coma, unconscious evacuations, low delirium, early stupor, and delirium.	Headache, wakefulness or disturbed sleep slight delirium about twelve days, pink flush on cheeks, tremor of limbs, subsultus carphology, somnolence, coma.
Lung Symptoms.	A common and early complication, either to bronchial surface or congestion of substance.	The bronchial surface is the part chiefly affected; substance of the lungs sometimes complicated.	Bronchitis, pneumonia, etc., may severally occur in a varying proportion.
Affection of Throat.	Sore-throat or inflammation of fauces sometimes accompany.	Sore-throat, occasionally so severe as to resemble an attack of anginose malignа.	Laryngitis and pharyngitis may occur.
Crisis.	By subsidence of the prominent morbid actions indicative of a gradual decline.	Often announced by a true crisis.	Return to health gradual.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *American Medical Weekly*, published at Louisville, Ky., by Dr. E. G. Gaillard, is now published every two weeks, under the title of *The American Medical Bi-weekly*. It has been enlarged, and is a very excellent journal, the long experience of the editor enabling him to cater judiciously to the wants of his readers.

——Dr. Thomas F. Rumbold, of St. Louis, sends a reprint of his monograph on the function of the uvula. It is a thoughtful study.

——Volume II, No. XII, of the *American Clinical Lectures*, is by Dr. F. T. Miles, on Peripheral Paralysis.

——*The Popular Science Monthly*, for February, contains, as usual, some excellent medical reading. Dr. Beard, on the "Physiology of Mind Reading," presents, in popular form, his instructive researches on this topic.

——Dr. Orpheus Everts, Superintendent of the Indiana Hospital for the Insane, in an address on "Incidents of Civilization as Predisposing and Exciting Causes of Insanity," mentions as prominent among these excessive venery, prostitution, self-pollution and intemperance. That these are traits of the civilized state admits of question; and it is not possible to obtain accurate information of the amount of insanity in the savage state. There is reason to believe it very frequent in some races.

——A new method of treating fracture of the patella is described by Dr. Henry O. Marcy, of Cambridge, Mass., in a reprint from the *Boston Medical and Surgical Journal*. The method is by adhesive strips and a plaster bandage. The patient is quickly rendered comfortable, but the reported results are not remarkably good.

BOOK NOTICES.

Cyclopædia of the Practice of Medicine. By H. Von Ziemssen. Vol. VII. Diseases of the Chylo-poietic System.

The contents of this volume are various—we might, indeed, say heterogeneous. First, we have diseases of the naso-pharyngeal cavity and pharynx, by Wendt; next, diseases of the stomach and intestines, by Leube, including gastritis, ulcer, gastralgia, cancer, colic, and other less common complaints; thirdly, Leichtenstein on "Constrictions, Occlusions and Displacements of the Intestines;" fourthly, Heller on "Internal Parasites;" fifthly, Von Ziemssen himself on "Diseases of the Larynx;" and lastly, Steffen on "Spasm of the Glottis."

The wide erudition which is brought to bear on the subjects discussed renders this and the other volumes of the series most useful, as works of reference, to the thorough student. On diagnosis and pathology, the writers are full and precise. There is often a vagueness, or a one-sidedness in treatment, which disappoints under this rubric. The amount of information furnished is something astonishing to those who do not know that the boast of the German is his *gründlichkeit*. We see it well displayed in these volumes; and they may be taken as models to many superficial writers, who hasten to print before they have read.

Transactions of the Thirty-first Annual Meeting of the Ohio State Medical Society, June, 1876. 8vo., cloth. pp. 222.

The usual range of well-selected papers from the Ohio profession will be found in this volume. Of the more important articles, we may single out one on Esmarch's bandage, by Dr. J. H. Pooley; on forceps in breech deliveries, by Dr. A. J. Miles; on the external use of glycerine in chronic hydrocephalus, by Dr. A. N. Read; a report on excision of the cervix in uterine cancer, by Dr. T. A. Reamy; a careful collation on foreign bodies in the rectum, by Dr. C. S. Muscroft; and a paper on the Arkansas Hot Springs, by Dr. E. B. Stevens. The address of the president, Dr. E. Williams, was upon penetrating wounds of the eye. The usual minutes precede the papers.

Chemical and Microscopical Analysis of the Urine in Health and Disease. Designed for Physicians and Students. By Geo. B. Fowler, M. D., etc. Second edition, revised and enlarged, with eighteen illustrations. New York, G. P. Putnam's Sons, 1876. 8vo, pp. 97. Price $1.

A very convenient and excellent little book, presenting the subject in a straightforward, lucid manner, and quite deserving of the second edition which it has reached. It has been carefully revised, the decimal system of weights and measures adopted, and also the new chemical nomenclature.

THE

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CITY AND COUNTRY PRACTICE.

The remarks communicated by Dr. S. M. Hamilton to this journal, in the number for January 13th, deserve more than a passing comment. He calls attention to the wide difference between the art of treating disease in country and city practice, in hospitals and in private houses.

The comments we made on one occasion in the last volume, on "therapeutics as a local art," receive, through Dr. Hamilton's suggestion, a very proper amplification. Not only meridians and degrees of latitude, geographical position, altitude and hygrometry come in to complicate the problem the physician has set before him; but with all these factors recognized, he must still modify his treatment by the social condition of his patient, and the fact whether his residence is rural or urban.

It is a noticeable coincidence that in the same number with Dr. Hamilton's letter is a clinical report from the oldest, and probably the most frequented, dispensary in this city. This report contains a sketch of the social condition of dispensary patients, which, perhaps, some readers may have passed over hastily, with an idea that it was out of place. But how far from the truth would this be! When patients "beg the doctor to give nothing to increase their appetite, as their means of support are not sufficient to appease any increase of hunger," does not this reflect vividly on the nature of their complaints, and the modifications of treatment necessary? It is vain to say these conditions must be changed. They cannot be, and it remains for the physician to do the very best he can under the circumstances.

There is a marked difference between dispensary and hospital, hospital and private practice. The range of remedies, owing to their relative cost and methods of administration, varies very considerably.

But still bolder is the line of demarcation between average city and country practice. The diseases recur with changed frequency, and their phases are altered. When, a few years since, relapsing fever was an epidemic in this city, it was hardly seen by the neighboring rural practitioners; cholera infantum in a healthy, open neighborhood, means a very different disease from that we meet with in city slums.

There is an immediate practical consideration in this connection which we have heretofore impressed on our readers, and which we take this opportunity to re-introduce. This is, *the importance of country physicians contributing to medical literature.* Hospital physicians, teachers and city practitioners are those who are the most frequent writers. But obviously there are very many points in practice, many *nuances* in the progress of maladies, familiar to the rural physician, yet hardly or at all noted by his city brother. Hence, we have always argued that the former should be more free with his pen than he is; and we have always taken a pride in giving prominence to this class

of communications—the more so, as the MEDICAL AND SURGICAL REPORTER aims to be a practical aid and mentor in the every-day work of the professional man, rather than a medium wherein to discuss the merits of theories or the abstruse branches of specialism.

BOOK REVIEWS, WITH A SPECIMEN.

Our fortnightly contemporary, the Philadelphia *Medical Times*, edited by Dr. H. C. Wood, has occasionally some excellent writing in its editorial columns—some admirable sentiments. There was an article which appeared a while back (May 17th, 1873), worthy of much eulogy. It was upon "Book Reviews," and it must have won golden opinions from all readers.

For example, the editor said:—"Reviews, like books, differ much in their truth. Some reviewers are so far forgetful of the responsibility of their task as to allow personal feelings, friendship, *animosity* or *jealousy* to give tone to their criticisms. This should not be;"—and other similar, excellent doctrine.

Since this public assertion of virtue, readers have naturally felt their confidence grow in the book reviews of the *Times*. For it is scarcely a supposable case that the editor, like Joseph Surface in the "School for Scandal," walks around with his mouth full of fine sentiments, but ready to give them the go-by in his actions.

These careful readers, with unpleasantly strong memories, were, therefore, somewhat amazed to read the review of Napheys' "Modern Therapeutics," fourth edition, in the *Times* of January 20th. That review calls the work "The apotheosis of empiricism; the glorification and incarnation of routinism;" it adds, "The tendencies of this class of works become most dangerous"; "we trust, for the credit of the American profession, it is the laity who have so freely purchased it"; and more to the same effect.

Now to ascertain the amount of "truth, animosity, or jealousy," there is in this notice, and also, in passing, to obtain a general measure of the value of book reviews in the *Medical Times*, let us turn to the review of the third edition of Napheys' *Therapeutics* in that same paper, April 1, 1872. The reviewer there writes as follows:—

"All that is in the book is useful. * * The want of a knowledge of practical therapeutics is general, even among the most laborious and best educated members of our profession. To the hard-worked country practitioner time is precious, journals are few, and money for books is not too plenty. Dr. Napheys presents to him a tempting volume, which claims to contain just the knowledge of which he has felt the need. That the want has been felt, and that this book has supplied the need, is evidenced by the simple fact that two editions have been exhausted in little over a year. The book is undoubtedly good and useful."

The only faults found are that it should be larger in size, and the proof, in parts, more carefully read.

How is the honest, candid reader to interpret such utterly discrepant notices of two consecutive editions of the same book in the same journal? Is the fact that it has been "so freely purchased" what galls a competitive author on therapeutics, whose book does not happen to have had equal popularity? Has the preference which American physicians display for a system of treatment drawn from actual clinical experience, over one based on laboratory experiments, so angered an advocate of the latter as to lead to this disregard of consistency and contempt for the good sense of his readers? Is an even lower motive, mere journalistic competition, the prompter?

These questions we leave for the conscience of that writer, and the discernment of his readers, to answer. Suffice it for us to have shown that this ignoble attack on the production of our deceased friend finds its most complete refutation in the pages of the very journal which stooped to make it.

The attack itself matters little. The book that cannot outlive unfair criticisms meets a merited oblivion. Vitality is the measure of value. But as a striking example of that kind of reviewing which discredits journalism, the spectacle is regretable.

Notes and Comments.

Concerning Unpaid Subscriptions.

This week we send out bills to all subscribers who have not paid their annual subscriptions. Prompt attention to these reminders will be a favor to us, and obviate any repetition of the act of presenting a bill a second time, which we assure our readers is as disagreeable to us as to them.

Should any who receive the bills prefer to fix a later date on which to pay the amount, they should let us know by postal card, and we shall very willingly come into the arrangement.

We well know that even the small sum the bills call for is not at all times easy to be spared. The only request we urge is, that those who owe will let us hear from them to some effect.

As a rule, the bills are made up to the *close of the volume* in which the subscriber's year expires.

Compression in Incipient Gout.

A surgeon, Mr. H. B. Wynter, states, in a recent number of the *Lancet*, that in a number of cases he has, to ward off an attack of gout, tried the use of an elastic stocking when the first uneasiness and swelling of the superficial veins has been perceived, and invariably with the result of preventing the development of the full attack in the foot. There is no theoretical reason why it should not succeed as well as the abortive treatment in local inflammation (as in boils) by astringents, caustic, collodion, etc. Of course it does not do away with the necessity for constitutional treatment and diet; but if it stops the full development of the attack in a busy man, and thus prevents him being laid up, it is a great boon.

Calabar Bean as a Lactagogue.

Dr. W. Munro brought before the profession, a year or two ago, various uses to which Calabar bean might be put, from its power of dilating the peripheral blood vessels. Wishing lately to restore the secretion of milk after it had disappeared from the breast about three days, he thought this dilating power might be useful. He accordingly prepared an ointment, of the strength of twenty grains to the ounce, and ordered it be applied and washed off carefully before the baby was allowed to suck. After two applications, the child not having been put to the breast in the meanwhile, the milk returned in full flow. The case is mentioned in the *British Medical Journal*, Oct. 28.

Obstetrical Aspects of Idiocy.

At a recent meeting of the Obstetrical Society of London, Dr. J. L. Down read a paper on the above subject. His observations extended over eighteen years, and included over 2000 cases. Primogeniture seemed to play an important part, no less than twenty-four per cent. of all the idiot children observed being primiparous. No doubt this may largely be attributed to the exalted emotional life of the mother, not forgetting the anxiety, inseparable from marriage, of the male parent, but increased difficulties in parturition seemed to be an important factor. Suspended animation occurred in no less than twenty per cent., and apparently exerted much influence in the production of idiocy. As to the effect of instruments, in only three per cent. of the cases had forceps been employed. Prolonged labor was more compromising to the life-prospects of the child, than a judicious and timely application of the forceps. Only two per cent. of the last thousand cases were twins. A very potential cause in the production of idiocy, was the physical health of the mother during gestation, especially prolonged sickness, fright, intense anxiety, and great emotional excitement. A marked preponderance in the number of male over female idiots existed—more than twice as many—due, probably, to the larger size of the cranium, giving rise to prolonged and difficult parturition, continued pressure, and suspended animation, as well as the greater tendency to infantile convulsions among male children.

The Hygienic Management of Phthisis.

On this subject, Dr. A. Flint sums up his experience as follows:—

In the large proportion of cases of chronic phthisis, benefit to a greater or less extent follows a temporary change of climate; change from sedentary to out of-door habits is beneficial, perhaps more so than any other single remedial measure; change of occupation, because it gives rise to change of habits, is favorable; permanent change of residence is beneficial in certain cases; sea voyages exert a favorable influence in a large proportion of cases, sometimes very markedly so.

Correspondence.

Blistering in Typhlo-Enteritis.

Ed. Med. and Surg. Reporter:—

I was called, Nov. 3d, to see a young man, 24 years old, tinner by trade, of bilious temperament, who had been sick for twenty-four hours. He complained of severe colicky pains, growing constantly worse, and of occasional vomiting.

On examination, I found the pulse 80 and feeble; temperature 102°; skin dry; tongue thickly coated; breath foul, and the bowels obstinately constipated. His features wore a pinched, haggard expression, indicative of the severity of his distress. It simulated very much a case of painter's colic, but no lead lines were perceived on the gums. As the clinical features did not fully justify this view of the case, I exhibited a searching purgative of calomel and podophyllin, with the extract of hyoscyamus, followed immediately by a warm anodyne clyster. Hot fomentations were continued externally. In due time the bowels were freely opened, with but slight amelioration of the symptoms. Persistent thirst and occasional nausea and vomiting supervened. Ice was given by the mouth. Very warm clysters, containing half a grain of morphia, five grains of cincho-quinine, a few drops of the oil of turpentine, and a little table salt, gave temporary relief.

For several days the patient did not seem to get on well. Temperature rose to 103°; pulse 100, small and wiry; tongue covered with a dry, brown fur; the sides were red and glossy; induration and tenderness over the ilio-cæcal region; tympanitis of the transverse and descending colon, continued thirst and occasional nausea, convinced me I had a case of enteritis.

On closer inquiry I learned that the young man had had a somewhat similar affection some years before, but not so severe an attack as this one. I now applied leeches, but I do not think the patient derived much benefit from their use. Consultation was had. Blisters were advised and immediately applied over the indurated parts. The bowels were locked up for three or four days at a time, by large doses of opium, each dose containing one grain of calomel and one grain of cincho-quinine. The bowels were occasionally unloaded by an injection of warm soap-suds, with a little watery extract of opium, turpentine, quinine and table salt. Pain was controlled by morphia. The blister was renewed as fast as it healed up. The warm fomentations were kept on continually. The food consisted of slops; milk, and lime water and broths.

Meteorism gave the patient much trouble. By and by the induration began to soften by absorption. The pulse and temperature became normal. I now ordered nitro-muriatic acid, ten drops in a wineglass of water, three times a day. The tongue soon cleaned off; the appetite improved rapidly, and all the symptoms seemed to promise a speedy recovery. As the patient left his room and began to move around, at the end of the fourth week, he soon became covered with boils. One, very large one, near the umbilicus, discharged an immense quantity of matter; after which all healed up and the young man is as well as ever.

I call attention to the use of blisters in enteritis, and especially in typhlitis, because the books say very little about vesication in this affection.

A. D. Binkerd, M. D.

Karns City, Pa.

Poisoning by Aconite—Recovery.

Ed. Med. and Surg. Reporter:—

January 18th, 1877, 9 P. M. I was hurriedly called to visit Mrs. D., of this village; aged 43; large, phlegmatic woman, weighing about one hundred and eighty pounds, who had, by mistake, taken a teaspoonful of tinctura radicis aconiti, in a half-tumblerful of water, at 9.30 evening. I saw her some fifteen or twenty minutes after (she living only three blocks from my office, a messenger being sent as soon as she had taken the poison); as I entered her room, she was retching; had vomited some; complained of constriction of œsophagus, burning sensation in the region of the stomach, spasmodic action of the muscles of the chest, abdomen and extremities; pupils of the eyes dilated. Pulse 80, small and weak.

Treatment.—I immediately gave fifteen grains ipecacuanha, followed by large draughts of warm water, frequently repeated, encouraging its action by irritating the fauces with the finger, causing in one minute free emesis, which was continued at short intervals, until after 11 P. M., having occasionally added milk and charcoal to the warm water; at half-past eleven vomiting ceased, and she took one grain tannin, to be repeated at 1 A. M., and had applied cloths wet in an infusion of capsicum, over the stomach and abdomen. In half an hour she became quite comfortable, pain and spasms subsiding, leaving a feeling of debility and faintness, not, however, much more than might be expected from the vomiting pain. At 12 M. she took a teaspoonful of whisky in a little sweetened milk; this was repeated three or four times during the night, alternating with ten drops aromatic spirits of ammonia in a wineglass of sweetened water.

19th, 9 A. M. Is nearly free from pain, and comfortable. Slept very little; a sense of exhaustion; to have wheat flour and milk porridge. Stimulants to be continued as ordered at twelve last night.

20th. Less prostration; has been up and dressed; is now reclining on the couch; treatment continued as yesterday; diet, in addition, tea and soft toast, meat teas.

21st, 2 P. M. Says she is almost well again; has been up about all day, and taken a hearty dinner; says she has not slept since taking the aconite; thinks if she could sleep she should feel well; ordered two half-grain pills of bella-

donna; one to be taken at 8 P. M., and, if not asleep at ten, to take the other.

22d. Has had a good night's rest; took but one pill; appears quite well again. The immediate action of the aconite is to be remembered in this case, causing retching and its effects in less than ten minutes.

Fulton, N. Y. CHARLES G. BACON, M. D.

Chlorate of Potash with Mercury.

ED. MED. AND SURG. REPORTER:—

In the December 30th number of the REPORTER, p. 554, Dr. J. S. Morrow expresses a wish to hear from some of your readers who have used the chlorate of potassa in connection with the mercurials. For the past ten or fifteen years I have almost constantly used the hyd. chlor. mit. and the mass pil. hyd. in combination, one or both, with the chlorate of potassa, either when I wished to administer the mercury for a length of time, or whenever my patient had formerly been "salivated" and I did not wish to reproduce the condition, one almost sure to follow the use of mercury under such circumstances. I concur, therefore, entirely, in the opinion of one of your former correspondents expressed in the remark, "I cannot see but that I obtain the therapeutical effect of the mercurial as readily now as before I gave the chlorate."

It is very common in the South, when giving mercury, to combine it with pulv. doveri. Instead of doing this, I improvise a powder, each ten grains of which contains, of opium and ipecac, each one grain; camphor, two grains, and chlorate of potassa, six grains. This I combine with my mercurial, pro re nata, and if my patient is one easily ptyalized, I add more of the chlorate, or give from three to five grains, dissolved in water, between the mercurial doses, and thus *almost invariably avoid* the ptyalism, while, so far as I can see, I lose none of the beneficial effects of the mercurial. Discarding, then, the idea of the incompatibility of the two drugs, let those who will try this plan, and I am sure they can but be pleased with the result. Yours, respectfully,

THOMAS M. MATTHEWS, M. D.

Mount Enterprise, Rusk County, Texas.

A Case of Protracted Gestation.

ED. MED. AND SURG. REPORTER:—

Mrs. M., an English lady, aged twenty-six, and a primipara, began to have labor pains July 29th, 1876, and during the following night had some pretty severe pains. The next morning Dr. Brown, of Foxburg, was called. He found the os slightly dilated, pains quite severe but not very frequent. He saw the patient several times during the day, but the labor made very little progress. Some time in the next night the doctor was called again, on account of the pains having become more frequent and severe. He found the os fully dilated, and the indications were that the labor would soon be over. The next morning he telegraphed for me to come and bring obstetric instruments with me. When I arrived the woman had been in labor forty-eight hours; the pains were still quite strong, but evidently growing weaker; the funis was prolapsed and *pulseless;* the head presented but had not engaged in the superior strait. I made an attempt to apply the forceps, but when the first blade was introduced, it excited violent uterine contractions, and the head being so high up, the doctor was unable to keep this blade in place until I could introduce the other one. Upon introducing my hand, to perform version, I found the head to be so large that it would be impossible for it to pass through the pelvis, so we concluded that it would be best to perform craniotomy at once. I perforated with Smellie's scissors, and after having removed a portion of the cranium and the whole of the encephalon, succeeded in getting a firm hold with the blunt hook, and delivering the woman of an *enormous* child. Although every precaution had been taken, the perineum was ruptured to the second degree. In a few minutes the placenta came away, after which I introduced three sutures into the lacerated perineum.

The patient was then placed upon her side, with her knees tied together, and an opiate administered. She made a rapid and complete recovery, without an unfavorable symptom. The greater part of the wound in the perineum closed by first intention.

Upon inquiry, I found that the lady expected to have been confined in the first week of June, some seven or eight weeks before she really was confined. The child had every appearance of a babe two months old, and had evidently been retained in the uterus several weeks over the usual time. It was buried before I had an opportunity to ascertain its weight.

Emlenton, Pa. J. E. MOORE, M. D.

Carbolized Balsam of Peru as a Dressing to Wounds.

ED. MED. AND SURG. REPORTER:—

At the present time, when the whole medical world seems convulsed by the momentous question, "By which method shall we treat wounds," simply by leaving them entirely open and allowing free drainage and exposure to the external air, or by closing them entirely and wrapping them at the same time in many layers of antiseptic material? I think every one should contribute his quota, however small, to arrive at a definite conclusion on this *questio vexata*, and by so doing, if possible, to settle it at once. While walking the wards of a large hospital, I was in the habit of treating almost all wounds, abscesses and ulcers, by first washing with carbolized water (in proportion of one to thirty) and afterward pouring on balsam Peru, then using, as a protective dressing to the parts, common picked oakum. This treatment worked, in many cases, finely, and the theory was as follows: carbolized water disinfected the

parts, and balsam of Peru acts as a gentle stimulant to wounds and checks oozing. In case the granulations looked sluggish, I was in the habit of adding camphor, mercury, or iodoform to the plain balsam. It once occurred to me, since I saw that, in many cases, pus from old sinuses, even after they had been thoroughly washed with solution of carbolic acid and deluged with balsam of Peru, constantly smelled most foully, that if the balsam of Peru was mixed with a strong solution of carbolic acid, the secreting surface of wounds would be covered with an admirably stimulating and disinfecting dressing, and that the character and amount of the pus secreted would be changed for the better. This is the formula:—

℞.	Acid carbolici,	1 part
	Aquæ,	8 parts

This is to be added to balsam of Peru, in the proportion of one in four. The mixture must be well beaten up, and should have a faint yellowish color.

This preparation I have used with admirable success, always following the open method in treating wounds, and have come to the following conclusions: 1. That you may dress foul sinuses, due to necrosed bone, etc., ulcers, and badly lacerated tissues, with carbolized balsam, feeling perfectly confident that the discharge will, in a short time, cease to have an offensive odor, even after leaving the wound undressed for twenty-four hours. 2. That the secretion of pus is in a marked degree diminished, and is more laudable in character, and 3. That you have a fine, stimulating, and perfectly disinfecting substance, protecting the injured parts. MARTIN BURKE, M. D.

New York City.

"Empyema."

ED. MED. AND SURG. REPORTER:—

In your journal for January 13th, Dr. H. W. Sigworth, referring to my article under the above heading, "rises to a point of order." Allow me to say that I think the exceptions are not well taken.

First. As to the entrance of air into the cavity; although a mootable question, there is no doubt about the entrance of air being an obstacle to the full expansion of the lung, and could Dr. S. witness the distressing symptoms that frequently follow such a procedure, he would not be so willing to censure "over-careful medical attendants." And again, the septic air certainly adds fuel to flame, by prolonging the secretion of purulent fluid.

Second. I am sorry that the danger of hemorrhage, in this operation, will now be a bugbear to the doctor, but let me beg of him to disabuse himself of the idea that he wounded an intercostal artery in the instance he cites, for had that been the case, "puff balls, cobwebs," etc, would have been *null.* A small muscular branch of an artery was probably wounded, and had the doctor, as a *dernier resort*, searched for a darning needle in the work-basket of the "good wife," and with it transfixed the wound, he would have had but little trouble in controlling the bleeding.

When the instrument (be it a thumb lancet or a trocar), is entered close to the upper border of the rib, the danger of wounding an intercostal artery, I reiterate, is a "bugbear only to the theorist." C. C. SCHUYLER, M. D.

Troy, N. Y.

NEWS AND MISCELLANY.

A Medical Suit.

A suit of some general interest was tried in one of the civil courts of this city recently. It was brought, by Dr. E. D. Buckman, against Dr. T. P. Andrews, for damages, for an alleged slanderous publication.

It appeared, on trial, that the plaintiff was, prior to October 4th, 1875, employed as one of the medical examiners for the Mutual Protection Life Insurance Company. On the date above mentioned, Dr. D. T. Andrews, a member of that association, sent a letter to the President and Directors of the Insurance Company, stating that the examining physicians of said society were not recognized by the regular profession, and one of them, to his certain knowledge, was connected with a quack medical institution, called the Penn Medical University.

It was shown, on trial, that graduates, and those connected with that University, were not admissible as members of the Philadelphia County Medical Society, and that members of that society would refuse to meet them in consultation. It was further contended, by counsel for the defence, that under a late decision the members of an insurance company were a limited partnership, and that under this situation a communication from one member to another, touching the affairs of the corporation, if done without malice, was not libelous.

His Honor, Judge Hare, in charging the jury, affirmed this doctrine, but left with them the fact whether the communication was made with malice.

The jury disagreed, and were discharged.

Baltimore Medical and Surgical Society.

At the annual election of this Society, the following officers were elected:—Dr. W. W. Murray, president; Drs. R. W. Mansfield and S. W. Seldner, vice presidents; Drs. W Brinton and C. C. McDowell, secretaries; Dr. D. W. Cathell, treasurer; committee of honor, Drs. J. S. Lynch, A. B. Arnold and L. B. Winternitz; committee on lectures and diseases, Drs. T. B. Evans, J. J. Caldwell and W. J. McDowell; executive committee, Drs. J. Morris, J. Rehberger and A. F. Erich.

Boards of Health.

The committee appointed by the American Medical Association for the State of West Virginia, for the purpose, has memorialized the Legislature to create a State Board of Health. The petition states, twelve States have seen the wisdom of such Boards, and are now reaping the golden fruits matured from such efforts. That we may keep pace with our sister States, we must call to our aid sanitary knowledge.

Competent men, members of Legislatures, who have been, as such, desirous of great economy in disbursing the public funds, have, from their own experience, acknowledged that funds so voted by the State authorities for such support have been more than repaid by the reforms brought about in various villages and towns, which reforms have mitigated or prevented diseases previously always existing at certain periods of the year.

Small-Pox in Wisconsin.

This winter has been more than usually fruitful in small pox cases, throughout both England and America. The Board of Health of Wisconsin says, in a circular dated toward the close of December:—

The average yearly death-rate from small-pox in Wisconsin is somewhat over one hundred, while the average number of cases annually exceeds four hundred. Already, within the last three months, these numbers have been exceeded, and, unless vigorous measures are adopted, and great vigilance observed, it will exact a much larger tribute of human life.

The experience of Wisconsin in this respect is not exceptional. This loathsome and very fatal disease is visiting other localities to such an extent that those who have watched its progress greatly fear a wide-spread epidemic of it during the coming winter months.

The Rinderpest in Europe.

Late advices inform us that stringent regulations have been issued in England concerning the importation of cattle, sheep, and goats from Germany, France, and Belgium, in consequence of a fresh outbreak of rinderpest. Denmark and the Netherlands have also been notified that they will be included in these restrictions unless the importation and transit of German beasts is prohibited. A Berlin telegram says the outbreak of rinderpest in Germany is officially confirmed.

Curious Custom.

Previous to the surrender of the town of Haarlem to the Duke of Alva's son, a deputation of aged matrons waited on the Spanish general, to know in what manner the women who were at the time in childbirth should be protected from molestation in case of the introduction of the soldiery. He directed that at the door of each house containing a female so situated, an appropriate token should be hung out, and promised that the house should not be troubled. The custom is still in use. A piece of lace is hung out, several weeks previously to the expected birth, and hangs several weeks afterward, a small alteration being made as soon as the sex of the child is known. During the time of this exhibition the house is exempt from all legal execution, and the husband cannot be taken to serve as a soldier.

Public Health in Egypt.

Dr. Grant, of Cairo, writes:—The public health of Egypt was never better than it is now At Cairo, the weather is milder and warmer than it usually is at this season. The horse-disease (which very much resembled blood-poisoning from serpent bite, although from some other specific poison acting in the same way) has ceased, after cutting off more than three-fourths of the equine animals.

The Livingstone University.

This fraudulent concern, supposed to be located at Haddonfield, New Jersey, is well shown up in the *Haddonfield Asteroid*, January 18th. There is no such institution there, and never was; yet somebody sells diplomas and degrees from it, both in Canada and England. It is believed that the great American diploma vender, of Philadelphia, is at the bottom of it.

Insanity from Drunkenness.

An English medical officer of Birmingham, Mr. Whitcombe, has sifted the annual reports of fifty-five asylums in England for the past five years, and he finds that out of a total of 33,527 patients admitted, 3172, or about one-eleventh, had their malady ascribed to drink.

A Noble Charity.

The widow of the late Duke of Galliera has just intimated her intention of founding and endowing a vast hospital for the reception and treatment of the sick on the heights of Carignano. The noble lady has submitted her design to several of the chief physicians, surgeons, and architects of Northern Italy, and has placed at their disposal the sum of two million dollars, wherewith to carry out the plan.

The Close of a Singular Case.

Last week, died, in Jersey City, New Jersey, Corporal Latimer Whittle formerly 73 Reg. N. Y. State Vols. He was shot through the liver and base of the lung, at Bristow's Station, Va., in 1862. Though picked up for dead, he recovered, and his case is recorded as one of the

rare instances of recovery from gunshot wound of the liver, in "Circular No. 6." and in the Medical and Surgical History of the Rebellion, Surgical Volume II, page 143. He was dropped from the pension list, in 1871, as perfectly well. Nine months ago, however, he was attacked with tuberculous symptoms in the wounded lung, and gradually failed.

Items.

—"A Chair of Homœopathy" was inaugurated in the University of Buda-Pest in October, 1875. Six persons, according to the *Wiener Allegemeine Med. Zeitung*, constituted the audience; but before the course was concluded they had all deserted the benches.

—The death by ether, reported in our number for January 20th, turns out, on further inquiry, to have been one by chloroform; so it must be scored on the other side, in the controversy about these anæsthetics.

—Diphtheria is very prevalent in Foglesville, Lehigh county, causing a great many deaths among the children.

Personal.

—Dr. C. C. Vanderbeck has been appointed the Philadelphia correspondent of the Chicago *Journal of Nervous and Mental Disease*, The New York *Medical Journal*, Virginia *Medical Monthly*, and Cincinnati *Lancet and Observer*. He will be glad to receive books, monographs, and pamphlets, to review in his letters to these various journals.

—Dr. MacDonald has been chosen Professor of Medical Jurisprudence in the Medical Department of the University of New York.

—Dr. Seip, of Easton, has been appointed assistant physician in the State Lunatic Asylum at Danville.

—Dr. Joseph J. Chinn, aged 80 years, and Mrs. Catherine Dawson, aged 90 years, were married the other day, at Lexington, Ky.

—The oldest inhabitant of Iceland died on the 18th of December last, the Councillor Bjarne Thorsteinson. He was for many years magistrate of the Western district of the island, for some time president of the Althing, and for the last few years, having lost his sight, lived in the town of Reikjavik. He was born in 1781.

QUERIES AND REPLIES.

Dr. A. D. B., of Phila.—In cases of violent explosion, the disappearance of persons is no doubt owing to the fragments being so intimately mixed with the soil, etc., as not to be distinguished by the ordinary observer.

Dr. H. I., of Miss., writes, in reply to Dr. Morrow, that he has constantly administered chlorate of potash and a mercurial together, without ptyalism or other disagreeable result.

Catarrh.—1. The liquid should be used with an inhaler. 2. The most successful internal remedy for common chronic nasal catarrh, in our own hands, has been the oleo-resin of cubebs, ten drops ter die.

Rheumatic Arthritis.

For rheumatic arthritis, let Dr. L. L. P. try the following. We have found it the remedy *par excellence* in all forms of rheumatic trouble—

R. Fl. ext. phytolaccæ decandræ,	fl. oz. j
Fl. ex. podophyllin,	fl. oz. ss
Fl. ex. cimicifugæ,	fl. oz. ij. M.

Sig.—Teaspoonful every three hours.

Report your experience through the REPORTER.

Darlington, Ind. T. J. GRIFFITH, M. D.

DEATHS.

CAMPBELL.—At Bart, Lancaster co., Pa., on January 14th, Dr. J. C. Campbell, in the thirty-seventh year of his age.

RAWLINGS.—W. A. Rawlings, M. D., died at his residence, in Huntsville, Texas, on the 12th of January, 1877, aged sixty years. His death resulted from injuries received by the kick of a horse.

SWAYZE.—January 23d, 1877, Cornelia Blanche, infant daughter of Dr. G. B. H. and Mary F. Swayze, of Philadelphia, aged eleven days.

OBITUARY.

DR. JOSEPH CARSON.

At a meeting of the Philadelphia County Medical Society, held January 17th, 1877, the following resolutions, presented by Dr. G. Hamilton, were adopted:—

"WHEREAS, by the will of an inscrutable providence, the long continued membership, in this society, of Dr. Joseph Carson, is at length brought to a close by his removal to another sphere of existence; and custom, as well as sympathy, require some expression of the estimation in which a departed member is held, and of the loss sustained in his death, therefore,

"*Resolved*, That by the death of Dr. Joseph Carson, Emeritus Professor of Materia Medica in the University of Pennsylvania, this society has been deprived of one of its original members and one of its most distinguished ex-presidents.

"*Resolved*, That the punctual and faithful discharge of the duties of President by Dr. Carson; the moderation and conciliation evinced by him in this capacity; the lively interest manifested in the welfare of the society; and the fact that the dignity and honor of the society were upheld and promoted in having as its chief officer one whose professional and social status was so conspicuous, are and will be held in grateful remembrance.

"*Resolved*, That the exalted position in the University of Pennsylvania to which Dr. Carson attained, and the responsible situations in which he was placed by the various scientific and other organizations to which he was attached, must be regarded as the well-merited reward of a life devoted to useful study, and a scrupulous attention to the duties incumbent upon him in these several relations.

"*Resolved*, That in the death of Dr. Carson, this society has lost one of its most learned, yet unostentatious members; one whose moral instincts and walk recommend him to us as a worthy exemplar.

"*Resolved*, That an expression of the unfeigned regret and condolence felt by the members of this society, in the loss of so estimable a member, be conveyed to the bereaved family."

H. LEAMAN, *Recording Secretary.*

THE

MEDICAL AND SURGICAL REPORTER.

No. 1041.] PHILADELPHIA, FEB. 10, 1877. [VOL. XXXVI.—No. 6.

ORIGINAL DEPARTMENT.

LECTURE.

CHRONIC INFLAMMATION OF WRIST AND KNEE JOINT.

Clinical Lecture by Professor LEWIS A. SAYRE, Bellevue Hospital, January 3d, 1877.

Reported for the MEDICAL AND SURGICAL REPORTER, by NELSON W. CADY, Student.

CASE 1.—J. W., girl, aged fifteen. Here is a girl sent to me by Dr. Elder, of Hoboken, with a diseased wrist joint. As the case is of unusual interest, I have asked her to come over here. As this disease is one which you are likely to come in contact with quite often, and which sometimes requires amputation, but which may be saved if properly managed, I thought I would ask her to show it to you. The disease has been going on three months; the cause of it she does not know. She lives out, and has to wash and wring clothes, and sometimes has to carry coal. She is fifteen years old.

Here you see a girl only fifteen years old—hardly developed—carrying heavy weights, a thing which often produces inflammation of the wrist joint. She has had it covered with iodine for a long time, which took the skin off. Then she applied a flaxseed poultice, and again put on iodine, and more poultices, for the last three months. You see its present condition.

The flexor muscles, being stronger than the extensors, have flexed the hand strongly. Here is an example of the universal law that you have heard me preach about so often; no matter what joint is involved, the first thing is reflex muscular contraction; that adds to the disease, by causing pressure of the inflamed surfaces together, promoting interstitial absorption, and at the same time produces distortion and deformity, as a secondary result. That distortion, as a result of muscular contraction, of course, accommodates itself to the strongest muscles involved in the irritation, and in the wrist usually assumes this attitude; very much like a luxation of the ulna or a fracture of the radius. It is often mistaken for such, but it is not so. It is simply this partial displacement of the hand, owing to the strong contraction of the adductor muscles on the front side of the wrist, and the absorption goes on. Then you have this fungous growth and exudation from the bones of the wrist, what Sir Benjamin Brodie calls fungus articuli. As you look at it, you would take it for a *rose cancer*, but if you feel it you would think it to be full of fluid. There is nothing in it of that kind, however. It is filled and packed with a sort of gelatinous material, that has a semi-fluctuating feel to it. If you should puncture or aspirate it, you would get nothing, and if you attempted to incise it, you would get nothing, unless you squeezed it, when there would come forth a substance looking more like pudding juice than anything else, a mixture of plums, currants and jelly, and everything suggestive of an indescribable gelatinous mass. You may call it scrofula, if you like.

What must be done, is to apply the same principle as you have seen me apply to a diseased ankle, knee or hip; the same as you have seen me apply to this young one's body, viz: extension and counter-extension, till you get it to proper position, and then fixation, to keep it there. We are going to put it up in a simple

extension splint, and at the same time make her perfectly comfortable until a proper instrument can be obtained for her. A good method is to make a couple of splints of sole leather. These are dipped in cold water, to make them flexible and soft. They are applied back and front, holding the arm where you want it, in a position, not of pronation, but of supination, then moulding carefully to the arm, and finally securing with a roller bandage. Next day the leather becomes like a board. Then the splints are taken off and covered with adhesive plaster. adhesive side out. This is applied to the hand and arm, back and front, and covered firmly with a roller commencing at the hand. When you get as far up as the wrist, make extension and counter-extension, and carry the roller bandage the rest of the way up. The plaster prevents slipping and the leather prevents telescoping.

But this method takes a day or two for its application, and this girl lives in Jersey, and she cannot come over to-morrow. But I can put a contrivance on her arm which will enable her to keep comfortable on the way home. I use a paper splint formed of half a dozen layers of newspaper, which has sufficient elasticity to accommodate itself to the curves of her arm, and enough stiffness to keep up extension. This I cover on both sides with adhesive plaster, adhesive side out. I shall apply it in the manner just described, and follow it up with a roller bandage.

You see that we have here a partial luxation of the wrist. You notice, the moment I touch her hand she has pain. I take hold of her hand gently, and press it toward the body. You see her face gives evidence of pain at once; now I will make it take a different position, and give her ease. The hand is flexed and pronated —why? There is a reason for everything. The pronator muscles are stronger than the supinators, and consequently the pronator drags the hand into the position it now has, flexed and pronated. The hand must be extended and supinated, so that the palm of the hand looks toward the mouth; for if it were left, the girl might be able to carry coal and scratch her neighbor's face, but she could not feed herself with that hand. You may think this is not very much, but it is highly important. And besides, it is just as well to carry the hand in a natural position, as it is to carry it in an abnormal position. If you are going to undertake the treatment of these diseased joints. you must remember this law—always remember to place the limb in the position where it will be of most use to the patient. I can make that girl comfortable in one position as well as another; flexed, extended, pronated, or supinated. Do not, gentlemen, neglect all these little details in your treatment of diseased joints. Remember that that joint and limb is to be of use hereafter, and remember to so fix it that it will afford a maximum of usefulness. So, instead of fixing this hand and arm as they now are, I will, in addition to making extension, make gradual supination, very gently and slowly. You will observe that I am getting it gradually into a natural position, and, as I do so, you can observe that partial luxation more plainly than before. The great secret of doing these things, is to cause as little pain as possible. There is no necessity of hurting your patient at all. And if at any time I cause them pain, I do so merely to convince you that there is disease.

The limb is now in its natural position, and we apply the paper splints as far down as the carpo-phalangeal articulation in front, and the same behind; then we apply this roller bandage, moulding the paper to fit the hand. Having carried it up as far as the joint, my assistant makes extension, and the roller is carried the rest of the way up the arm, allowing the splints to mould themselves to the arm as we proceed. In order to make the splints stronger, and to prevent telescoping, we apply on the back and front of the arm these narrow, roughly perforated tin strips, and secure them also with a roller bandage.

I have now secured the bones from pressure against each other, by extending and fixing them. Now I am going to make use of the same principle that has caused this absorption of the bones, in order to get rid of the abnormal deposition in and around the joint; I am going to try to get rid of this gelatinous exudation.

We pour the opening full of Peruvian balsam, which is an excellent antiseptic, and allow it to percolate down through that joint. Then we apply a roller bandage over the part, drawing it as tight as I can draw it, and it gives her no pain, as the joint has already been extended. Now this outside bandage shall, from time to time, be increased in tightness, as soon as absorption takes place, so as to get rid of the effusion, and if that is not sufficient, we shall

have to place a seton through it, and if any diseased bone is left in the joint, it will have to be dug out.

This is a simple, practical, efficient and inexpensive plan of treatment, and you should have ingenuity enough to apply it anywhere, without being compelled to resort to instrument makers.

Case 4.—Herman ——; man, aged twenty-eight. You remember this young man, who came to us three weeks ago last Saturday, to have his leg amputated above the knee, for chronic disease of the knee-joint. He has had the disease eight years, the result of injury during violent exercise. He was a great athlete and gymnast. It ended in ulceration of the cartilages, and suppuration at the joint, and he was sent to me last June, by a good surgeon, to have an amputation performed. I aspirated the joint, getting about four ounces of matter, and after the joint was emptied, I could bring it in tolerably fair position, and then applied the extension splint, which he is now wearing. He returned home, and for three or four weeks was greatly relieved, until the plasters wore out, and the instrument required re-adjustment. His physician re-applied the splint, as he thought, thoroughly, but it was ineffectual, the plasters being inefficient. He sent him back to me, with a letter, saying that it was useless to continue the treatment any longer, and that an amputation alone could save him, but that he would yield to my superior judgment in the matter.

You can observe the change that has occurred in the period of three weeks. You remember how greatly enlarged were the veins over the knee, and how enormously enlarged was the knee itself. There was a semi-fluctuating feel, and the skin was so tight that it could not be pinched up. Now, the veins are nearly normal in size, and the skin has become loose again. The knee was so sensitive at the time, that a touch would all but set him crazy, and the slightest compression of the articular facets of the femur against the head of the tibia made him wild with agony. This had been his condition for so long a period that his general health became broken down by it. Therefore his physician believed it to be of constitutional origin, and that it could not be remedied save by amputation.

You will come in contact with these cases quite often. All that I did, as you will remember, was to apply fresh strips of Maw's adhesive plaster, put on the instrument properly, apply extension until he could bear vertical pressure without pain, then applied the actual cautery over the internal coronary ligament, and bandaged the knee with great firmness. The actual cautery has had the effect of completely relieving the pain, and he says that now it is the soundest part of the knee. I make pressure with great firmness over the point which was so sensitive three weeks ago, and he says it causes no pain.

[The patient made voluntary motion of his knee with great ease, and no pain, flexing and extending his leg quite rapidly.]

Will any man here talk about taking that man's leg off now? He is making voluntary motion. Three weeks' total rest from pressure, by relieving the parts with this instrument; then by the application of the cautery, changing the action of the distended vessels, and causing them to contract and empty themselves; then by means of firm compression around the part, to cause the absorption of the deposition within the joint, this has effected the change which you see to day in this man's condition. Now he has got to the point where *massage* comes in; they call it *massage* now-a-days, but I call it rubbing, and manipulation, and friction.

There is another thing I want to call your attention to: that when you use the actual cautery, to let the eschar alone; don't cover it with greased rags, or anything else, but just let it *alone*, allowing it to scab off by itself, and you will have no trouble. There is a peculiar sand-papery grate under the patella as I move it, and I shall move it only enough to knock those rough points down level, then stop.

Here is another point: If you put that supporting bandage around that man's knee, and neglect to guard the edge of the patella, you will set him nearly crazy with the agonizing pain. The only pain he has suffered since this dressing was applied was the result of neglecting to guard the edge of the patella. These *little* things must be looked after very carefully. The tendons of the biceps and semi-tendinosus require to be padded with a little wad of cotton before the bandage is carried over them. Sometimes I make this bandage of india-rubber; but, when that is used, it is necessary to exercise great judgment. It is a very dangerous bandage to use, unless you exercise judgment and skill, for you may get it drawn tighter than you wish, and it keeps on

contracting all the time, so that a great deal of damage may be done.

Now, to finish up the dressing of this leg, it is necessary, on account of the partial luxation backward of the tibia, caused by reflex muscular contraction, to overcome that contraction in this manner. To accomplish this I first turn the ratchet, to cause firm extension; then I pass a roller bandage *over* the end of his femur, and *under* the framework of the instrument, causing the femur to be forced backward. The same sort of process is repeated with the leg, the bandage being passed *under* the tibia and *over* the framework, and secured by a pin. And now the dressing is finished.

Communications.

MORBID RETENTION OF THE DEAD OVUM.

BY SIBELIA F. BAKER, M. D.,

Of Chicago, Illinois.

(Read before the Alumnæ Association of the Woman's Medical College of Pennsylvania.)

How long the uterus will retain the ovum after it has perished, is a question which meets with varied answers. It is generally believed that it will expel it from five to twenty-five days after devitalization of the fœtus, and even less than the minimum time mentioned, provided the secundines have become disconnected from the uterine wall, making, together with the fœtus, an entire foreign body. But we meet with examples of deviation from this rule. It is believed that the normal uterus will not tolerate a foreign body. Prof. Lyman says, "the uterus continues to tolerate its contents *as long as the fetal envelope forms an integral part of its substance, and no longer.*"

We may ask, then, what departure from the normal standard has occurred, wherein the uterus tolerates the presence of an entire foreign body for months, and even years.

Cases are not remarkably infrequent in which, from some known or unknown cause, the life of the fœtus has terminated; the placenta and membranes remaining constant they appropriate the supplied nourishment to their own morbid growth, constituting what is termed one form of mole pregnancy. These products and their retention until the full term of gestation is terminated, and perhaps longer, are not of very infrequent occurrence, and meet with physiological explanation.

But more difficult of explanation are the cases where no such transposition and appropriation of maternal nutriment occurs; where all vital processes cease between the mother and the uterine contents; where neither development nor decomposition of contents take place, and they are retained, as a foreign body, for many months; and unless some accident intervene, even passing the usual period of gestation, at which period it is supposed the uterus is in a condition favorable to super-activity.

In vol. II of the "Journal of Obstetrics of Great Britain and Ireland," appeared an able report, by Dr. M'Clintock, read before the Dublin Society, in which six cases were cited where the dead fœtuses were retained from three to seven months after the arrest of fetal life, none of the cases, however, having passed the ninth month from conception. Dr. M'Clintock's opinion is that the ninth month from conception is the outside limit of retention of the blighted fruit of conception.

Cases of a like kind have been mentioned by Gooch, Mathew, Duncan and Velpeau. The latter mentioned two cases, each of which considerably overpassed the usual term of pregnancy. While Dr. M'Clintock believes that the expiration of the ninth month from conception terminates the retention, at the longest, of the blighted ovum, he is, however, cautious to say that "he can see no reason, *a priori*, why an early ovum should not be retained beyond the nine months, when a fœtus, dying near the full term, may be carried much beyond the ordinary period of gestation."

The *length of time* of retention of a dead ovum has more than a passing interest, an interest beyond its pathological consideration; namely, a moral interest, possessing vital bearings in a medico-legal point of view. The entire absence of decomposition which the fœtus manifests on expulsion, together with the fact that during its retention there has been, at varied intervals, a discharge of blood from the uterus, supposed to be catamenial, may give rise to the mistaken, and perhaps embarrassing conclusion that the expelled ovum is the product of a conception as recent in date as the size of the fœtus would indicate without the consideration of any period of retention after its death.

Instances are not unlikely to occur wherein a woman becomes a widow at the sixth week,

or second, or third month of gestation, the ovum, at this period being blighted and remaining in utero to the utmost limit of retention, and on expulsion present every appearance of an abortion of the more common type. The *date of conception* becomes the delicate point, and an innocent woman suffers, perhaps, unjust accusation, touching the purity of her character.

Dr. Montgomery, of the Dublin Obstetrical Society, mentions a case in his own experience, in which a lady's husband left her, in the third month of pregnancy, for an extended tour abroad. A sanguineous discharge appearing subsequently, from time to time, she came to the conclusion that she was not pregnant, but irregular. At the expiration of the ninth month, after the last regular menstruation, "an ovum was discharged, of apparently two and a half months development, the consequence of which was a conviction on the part of some members of her family highly derogatory to her fair fame." The matter was submitted to counsel, and the ovum to the critical examination of an expert, before the unfortunate lady's character was fairly vindicated.

Dr. McClintock says, "it is not possible, I believe, to pronounce with any degree of certainty, from the appearance of the ovum, how long it has been carried in utero after being deprived of vitality," and that "in every case where our opinion is asked for, as to the age of an ovum, it is a wise and safe rule to qualify our reply by saying that at the time its vitality *ceased* it was of such and such an age," and thus, perhaps, avoid unpleasant consequences to himself and to the patient.

I think all who meet with these cases are free to admit that they are confronted with various difficulties to diagnosis; first, as to whether the substance in utero be fœtus, or some morbid growth; and second, if there be unmistakable evidence of a fœtus, whether it be living or dead.

In March, 1875, a case came under my own observation. Mrs. A., aged 42, multipara. Living some distance from the city, she first consulted me by letter. Eight months previous to the date of her letter she had ceased menstruating, and for three months believed herself pregnant. At the end of the third month, abdominal development, which up to this time had been normal, ceased; breasts became flabby, and all the *concomitants* of pregnancy left her, except that there was no reappearanee of the catamenia.

The general health, from this time, rapidly declined, and at the time of writing she seemed truly in a serious condition. Being near the period when the menopause is anticipated, she was apprehensive of the nature of the difficulty, believing she had not been pregnant, but that a more serious difficulty had fastened itself upon her. She accordingly consulted several medical men, one of whom pronounced it uterine fibroid; another, a cancer. I did not see her until one month later, being the expiration of the ninth month from the last menstrual period. Through the thin abdominal wall, the rounded tumor, just above the pubis, with distinct margins, could be clearly defined, and would, I confess, readily suggest 'fibroid' to one who had only external examination to aid him in diagnosis, which only, I learned, the medical gentlemen were allowed. Conjoined manipulation, however, revealed too much yielding of structure, and too much irregularity in contour, to corroborate that diagnosis. Uterus extremely anteverted, neck normal in length, and not noticeably patulous. The sound, with difficulty, owing to the anteversion, penetrated to the depth of five inches, and no discharge followed its withdrawal. There had been no fetid discharge at any time. There was considerable tenderness of all the pelvic tissues; and my patient having mentioned several attacks of inflammation, following even slight manipulations, I felt exceedingly chary of the use of sponge tents.

My diagnosis was simply negative, and I asked for counsel or extension of time for diagnosis. The latter was granted, and I assumed an expectant attitude. No marked degree of irritability or inflammation followed the examination. The next day my patient took a carriage ride of six miles, with no discomfort. The third day following the examination she was seized with abdominal pains, intermittent in character and increasing in severity. At night a messenger was dispatched for me. I found her in labor. A soft irregular mass presented, and hanging pendant from it was a fetal arm. I removed the entire mass, which consisted of a three and a half month ovum, membranes, and placenta, all presenting an extremely macerated appearance, but bearing no marks of decomposition or fetor. It was not accompanied with an ounce of blood, but in a short time after expulsion a slight dis-

charge of blood appeared, not unlike the first onset of the menstrual flow, and scarcely ex ceeded that function as regards subsequent time or quantity of discharge. There appeared nothing abnormal with the cord or its attachments. The placenta presented evidence of having been long detached from the uterine wall, its maternal side being smooth and glistening, like polished leather, and shrunken in texture, and exceedingly unvascular in appearance.

The chief features of interest to me in this case were, first, the tolerance of the uterus to the presence of a foreign body; second, the absence of bloody discharge at the time of, and subsequent to, the termination of placental connection with the uterus; third, the absence of any apparent disposition on the part of the uterus to take on parturient action, although the terminus of the ninth month was fully reached, responding with reluctance to the stimulus supplied by the manipulations attending the attempt at diagnosis, which manipulations were not sparing, using the sound with freedom and persistence, in the attempt to pass it around the tumor.

This state of inertia and intonicity of the muscles of the womb, I believe to be the chief pathological condition in cases of this class. To these muscles belong the initiatory act in the phenomena of labor, an act performed by the exercise of their own inherent power, and not dependent on nervous action, either cerebro-spinal or sympathetic.

Carpenter says, in the last edition, edited by Power (sec. 760), "In this act (parturition) the muscular walls of the uterus are primarily concerned, for a kind of peristaltic contraction takes place in them, the tendency of which is to press the contents of the cavity from the fundus toward the os uteri, and finally to expel them. These contractions," he says further, "are not dependent upon the spinal cord, and hence are not to be regarded as altogether 'reflex,' and it is only in the coöperation of those associated muscles which come into play in the second stage of labor, when the head is passing through the os uteri, and is engaged in the pelvic cavity, that the assistance of the spinal cord and its nerves are called in."

To these muscles of the womb, to whom, of course, belong other functions in the phenomena of parturition than initiatory, belong the part of ushering in the act of labor. And all the other auxiliaries which unite to make up the act of parturition await the "word of command" from these muscles, as does a military force on that of a leader. In the absence of this command, the forces wait.

We may, I think, safely conclude that these morbid retentions of foreign bodies in the uterine cavity are not due to an abnormal condition of the nervous system *per se*, so far as it is *directly* concerned in the phenomena of labor, but undoubtedly indicate a loss of general nervous power, whereby the muscles of the body of the uterus, together, perhaps, with the general muscular system, have failed to receive their proper supply of nutriment to such a degree as to impair their functional activity. In the healthy uterus, this power of contractility is said to be always present, and no known *local* disease is thought to appreciably impair it. Dr. Aveling claims that this contractile power is exercised monthly, in the expulsion of the monthly nidus; and during the months of gestation it develops to a degree sufficient alone to expel the full-termed fœtus, as has been proven in cases of partial destruction of the cord, and in paraplegia, and in the occasional occurrence of post-mortem parturition.

In the absence of this muscular contractility of the womb, this important and initial step in the act of parturition on which the reflex forces wait, I see no reason why a dead fœtus which has not attained sufficient size to press with any considerable degree upon the upper segment of the neck, or which is hindered from so doing by flexions or versions of the uterus, may not remain in utero an indefinite length of time, *especially if it has become an entire foreign body to that organ.* Where there is no vital connection between the uterus and its contents there is nothing to stimulate development of uterine muscles, which were, at the time of detachment, so morbidly deficient in contractile power as to be unable to expel the foreign body; no cumulative force at work which, though modified, but not entirely interrupted, would, in time, reach a degree of power sufficient to expel the contents. This climax of power is attained, ordinarily, at the end of nine months, and, with a living fœtus, corresponds to the period of its maturity. In most cases where the dead fœtus has been expelled at the end of the nine months, there has been a union more or less complete between

the uterine wall and the placenta. In the six cases Dr. McClintock reports, expulsion took place in all at the end of nine months. Clinical experience proves that the greater number of these cases terminate at this period. In all, there had been a periodical discharge of blood, and the secundines had grown somewhat beyond their proportions to the fœtus, showing, conclusively, that there had been sufficient connection to the uterine wall to receive the nutriment to sustain this growth, which attachment, meeting with partial severance from time to time, gave rise to slight uterine hemorrhage. At the end of nine months there was sufficient contractile power of the muscles to arouse reflex labor.

In the cases of *non*-attachment of placenta, of which the one I have reported is an example, and a more notable one has recently been reported in a German gynecological journal, by Herr W. A. Freund, of Breslau, where the fœtus was retained in utero seven years, nature may effect a removal by the arousal of the contractile powers of the muscles, produced by the stimulus supplied by the local congestion attending the return of ovulation, which may or may not set up at the end of the nine months of gestation, but more commonly the removal will depend on the interpositions of art.

A CASE OF NERVOUS DISORDER, SHOWING THE EFFECT OF CLIMATE.

BY CHARLES CARTER, M. D.,
Of Philadelphia.

Martin C., born in Ireland; age thirty-two; laborer; married; applied to me for treatment July 7th, 1874. He walked with great difficulty, with the aid of a cane, dragging his limbs, as if they had attached to them heavy weights which he could scarcely move. He complained of weakness and numbness of the lower limbs, and pain in the knees, but no pricking or creeping sensations, nor shooting pains or spasms. His eyesight was good. He could stand without any difficulty with his eyes closed. There was no wasting of the limbs. Electro-muscular sensibility only slightly impaired, more in the right leg below the knee. Reflex action good on tickling soles of feet, and sensation but very slightly diminished, confined to the outer side of thighs and legs. He had an anæmic appearance, but no evident emaciation. His pulse was 84; his general health fair; and, except the paralysis, his organs and functions normal.

The history which he gave of his case is as follows:—He came to this country, from England, five years previously; he had lived in New York three years, and afterward, for two months, in Jersey City. At the latter place he contracted intermittent fever, his previous health having always been good and his habits temperate. He was soon cured of the chills and fever, but shortly after he became affected with a sudden partial loss of the use of both lower limbs, which he discovered one morning on rising. At the end of six weeks, not getting any better, he returned to England, leaving his family in this country. Before the arrival of the vessel he had regained the use of his limbs, and after remaining in England several months his health became perfectly restored, and he decided to return to this country. He arrived in this city in April, 1874, and remained in perfect health up to June 7th, 1874, when he had an attack of diarrhœa. This was followed soon by pain in his knees, and a sudden attack of partial paralysis, in every respect the same as before.

He was under my treatment for the period of a month, commencing about five weeks after the attack. During the first week there was no change; I then commenced the use of strychnia, in increasing doses, until it reached one-tenth of a grain morning and noon, and one-twentieth of a grain at night. In about a week he began to improve, and on the eleventh day of this treatment he came to me, walking perfectly, without his cane, and stating that he felt as well as ever. I ordered the strychnia to be continued, but to gradually diminish the dose. He stated that within three days after he saw me he felt that his trouble was returning, and after the lapse of a week he came back to me in the same condition as at first.

The continuance of the remedy, in even larger doses than before, failed to produce again any improvement. He soon became discouraged, and despairing of becoming permanently cured while living in this country, returned to England to stay. I have since heard, through his relatives, that he is entirely restored to health, the paralysis leaving him in the same manner as on his former visit to England.

It might be supposed that malaria remained in his system from former ague, constituting a

main factor in the etiology of the case; but the use of anti-malarial remedies, strongly pushed, produced no benefit whatever.

It seems to me that this case forcibly illustrates the favorable influence of change of climate; or rather, the baneful effect of ours, in a grave nervous affection.

610 *Fairmount Avenue.*

Hospital Reports.

PHILADELPHIA DISPENSARY.

DR. MARIS, RESIDENT PHYSICIAN.

Review of the Treatment of Nervous Diseases, and Extracts from Clinics. No. III.

BY C. C. VANDERBECK, M. D.

Dr. Maris has seen numerous cases of well-developed "hysteria" in males and females, and also in children of both sexes. In males and in children, he thinks the convulsive form is rare; but hysterical symptoms, such as "nervous cough," etc., are quite frequently seen in both of these classes. Some object to the term hysteria, on account of its etymology being at variance with the many-sided character of this affection, and because it is seen in the young before the sexual organs are fully developed, also recognized in those past the menopause, as well as in those who, by reason of sex, have no wombs.

As Dr. Harlan lately remarked, in his answer to Dr. Woodbury's paper, the term hysteria will be used for many generations to come. It seems pretty evident that Dr. Woodbury considers that physicians mean, by hysteria, a nervous affection depending upon uterine disease, and that they are constantly making the mistake of calling cases hysterical "which have no points whatever in common, not even agreeing in the simple fact of possessing a uterus." Numerous words in constant use, if analyzed, would be found to be twisted, often very considerably, from their true etymological meaning. Mistakes are often embodied in names. If we fling away hysteria, what shall we do with gonorrhœa, which is a "flow of semen;" or with "gout," *a drop*, so called on account of the idea that the disease was produced by a morbid fluid gradually distilled into the part; or with rheumatism, *a humor*, because it was once supposed to be caused by a morbid humor. Centuries have passed since the arteries were found to contain, not "*air*," but a crimson fluid, and it is safe to assert no future anatomist will dare to correct the misnomer by introducing a new term for these vessels. Words often reveal scientific history. The student tracing out a definition often finds unfolded to him some curious ancient doctrine, the word being a skeleton, a fossil, the remains of an evident meaning, extinct, perhaps, for ages. So in words are "the imagination and the feeling of past ages of men long since in their graves;" and in them we thus have fossilized history.

One of the most common hysterical affections presented to Dr. Maris' attention, is the so-called *nervous cough*. This he has quite often seen in both sexes, and as frequently, he thinks, in the male as in the female sex. This is a brazen cough, attended with none of the morbid sounds, nor with the symptoms of inflammation, that belong to the history of catarrhal affections. It is a disease recognized by the older physicians (*Vide* "Wood's Prac. of Med.," vol 1, p. 839); but judging from some of the later works, it would seem as if nervous cough were not a separate disease. Aitken does not allude to it, unless it is mentioned in some obscure section of his volumes. In fact, the whole subject of cough, as a symptom, is considered in less than a dozen lines. DaCosta devotes three and a half pages to the kinds of cough, and the diagnostic value of each, but slides over "hysterical cough" in three lines. I look in vain, up and down the index of Fenwick's "Guide to Medical Diagnosis," for nervous cough. Equally fruitless is the search in Tanners' "Clinical Medicine." Certainly Meigs and Pepper, in their master-work on "Diseases of Children," should say a word in regard to an affection certainly sometimes seen in children, but they are equally silent. How is this to be accounted for? Surely all of these gentlemen have, in their vast experience, met with nervous cough. It is frequently met with at this dispensary. It cannot be confined to this institution. It seems probable that these physicians consider it only a phase of hysteria, and that its treatment is the same as for any other affection of a hysterical nature. Very true, the treatment is to be largely directed to the nervous system, yet it seems to be a disease worthy of separate consideration, as well as catalepsy, hyperæsthesia, etc., which are often largely hysterical.

Nervous cough occurs in persons of highly developed nervous system, and is due to a convulsive action of the muscles of the throat. The causes are numerous; diseases of the œsophagus, spine, spinal cord, affections of the heart, liver and stomach, may be the exciting cause to develop a cough in any nervous individual. Numerous examples are on record of "ear coughs." That is, a nervous cough produced by some disease or irritation of the ear, especially the external meatus. In some persons irritation of the external meatus will cause a tickling of the throat, or even bring on a spasmodic cough. In this case, the effect is brought about by direct nervous connection; and late authors consider the nerve concerned is not the vagus, as Romberg teaches, but branches of the auriculo-temporal, a branch of the fifth cranial pair of nerves.

In many cases, however, of nervous cough, no source of irritation can be discovered, the cause seeming to be dependent upon that vague, neuropathic constitution that invites and gives

continuation to various disorders of the nervous system. In the treatment, a careful scrutiny must be given to each important viscera. Sometimes the rectifying of morbid conditions of the blood breaks up the annoying symptoms. Mistura intermit * is used in malarial cases; iod de of pot. in syphilitic conditions; and iron in anæmia. Opium is used with caution, especially in females, for obvious reasons. The opium habit is not always contracted by the primary use of it for the relief of intense pain of some chronic disease. I have a patient who began to take morphia six years ago, for irregular attacks of asthma. To day he is taking twenty-five grains in the twenty-four hours. In some cases of nervous cough demulcents are ordered, as they seem to soothe the nerve distributions; and if an anodyne is combined, it is one of the solanaceæ group. There is nothing particularly novel in the plan of treatment; the means used are such as are included under the termination of general principles, careful attention being given to the general health, and every means used to invigorate the whole body. Before a diagnosis of nervous cough is made, it is well to settle, by a careful laryngoscopic examination, the absence of any local cause for the cough.

Dr. Maris has seen numerous cases of phimosis in the young, but he cannot recall a single instance in which these cases were connected with paralytic or any other nervous manifestation.

Dr. Sayre, of New York, and some other surgeons, have strenuously advocated the dependence of many paralytic symptoms upon an existing phimosis, and report cases cured by operating for the defect. Not long since I saw a boy affected with phimosis, and also with very odd and obstinate nervous phenomena. Irregular fits of uncontrollable anger occurred, during which he would scream, and fight, and roll about on the floor. A surgeon operated for the phimosis, relieving him of the defect, and doing away with a possible source of irritation, but it was impossible to see the shadow of an improvement as regards the nervous disorder. It is not intended to call into question Dr. Sayre's opinions and results. This article is simply a review of cases and results at the Philadelphia Dispensary, and I repeat, of the many cases of phimosis here seen, none, in the estimation of the resident physician, caused any nervous affection.

It seems that the result of careful experiments and dissections show many of the so called "Reflex Paralysis" cases to result from the direct transmission of the morbid process along the nerves upward, until it reached the spinal cord—cases of ascending neuritis and myelitis, and other than reflex. It is worthy of notice that even dullness of intellect and chorea have been ascribed to phimosis. Dr. Jacobi, of New York, in his excellent monogram on "Hysteria and Masturbation in Young Children," reviews some of these reported cases of chorea, etc., from phimosis. He says, "no attempt has been made to explain the chorea by its habitual causes, and not even a statement is made of the condition of the heart, or of the spine, or concerning the previous occurrence or non-occurrence of acute articular rheumatism, or of the habit of masturbation, so easily contracted when the phimosis is marked enough to prove an annoyance and irritation, and frequently given up when the source of constant irritation has been removed."

Dr. Maris says he has not seen very many young children affected with neuralgia, but, when affected, intercostal neuralgia is the special variety. The majority of cases of aphonia are seen in nervous girls, after puberty. His experience coincides with Dr. Jacobi, of not seeing a single case under puberty. The treatment of aphonia is often tedious, and chiefly because he cannot get full control of the patients. The great difficulty is, the home influences, and the various conditions that to a large degree developed the hysterical condition, continue to exist. As is well known, moral medication is one of the prime factors of the treatment of any form of hysteria. Professor Dickson used to say the very worst air for a sick person is the air in which he became sick. So with hysteria; the very worst influences to surround a patient of this kind with are those in which she became thus affected. It is well to remove, if possible, the patient from these influences. Dr. Mitchell makes it a point of vital importance, in private practice, to obtain full control of the patient and her surroundings; if he succeeds in this, he is about certain of a favorable result. In his clinic practice he is desirous of having the woman removed from her home to the hospital, and thus obtain thofough control of the case. It is truly grand to see some of these patients arise from bed, walk and talk, by the word of command from him, though for a long time they may have been paralytic and speechless. This, I say, is the difficulty with Dr. Maris' cases. No provision is made for house patients. So the cases are lost sight of after applying for treatment, and are exposed to favorable circumstances to give continuance to the perverted condition of the nervous system.

He believes the use of electricity would be a good thing to aid in the treatment, but no provision is made for this. Electric applications require time; this alone suffices to keep it out of use. It seems to me, electric therapeutics should be a special department of the institution. Two hours, twice a week, are sufficient, not only to accomplish much good, but also the results obtained from such a mass of cases would be of value to the profession, and aid to place electricity in its proper position. The appointing of a special department would relieve the resident physician, who is already over-busy, and could not possibly devote any time to this valuable *adjuvant* to treatment. I say *adjuvant*, for the present knowledge con-

* Formula given in *Review* No. 1.

cerning the power of electricity would seem to place it in that position. Judging from the writings of some, electricity is to be considered almost a panacea, and all sufficient in itself to cure, without the aid of drug medication. Again, others think it all well enough; it makes patients *feel* that you are doing something; it keeps them contented; and then, the batteries are nice ornaments to an office; a large cabinet battery is so especially imposing. This class of writers and teachers doubt the minutest value of its curative form. A middle class, and I think the safest, believe electricity to be a most valuable aid to the treatment of nervous diseases. What we need here, as in therapeutics at large, is a mass of well ascertained facts, obtained from extensive clinical practice. I may add, that I know, by reason of a personal acquaintance with the majority of the representative men of our profession in Philadelphia, that electric medications occupy the middle position.

In acute alcoholism or delirium tremens, the Doctor depends upon opium. If the attack is due to sudden cessation from the use of alcoholic liquors, he orders a moderate quantity of brandy or whisky. This is essentially the treatment of Hammond, Hartshorn, and many others. The use of stimulants and of opium, however, as is well known, is a very knotty point. Aitken says, "the two most fatal errors which can be committed in the treatment of delirium tremens, are, either to bleed the patient, or give him *opiates*." Moreover, the use of alcohol and opium, especially when combined, is deprecated, and considered a treatment attended with much hazard. In another place he states, that if opium is used it must be in the latter stages, and in small amounts, and that "the *heroic* use of it, as heretofore too often advocated, even by the most eminent physicians, is now recognized as a treatment which merely substituted *narcotic* poisoning for *alcoholism*." Now what does the experience of Dr. Maris serve to substantiate, or toward which of these two ideas do the facts in the case lean? Looking at it candidly, it is doubtful that any safe deductions can be made from the dispensary cases. Very rarely is the resident called upon to treat acute alcoholism in the earliest stage; this falls to the lot of the district physician; but the patients present themselves to the dispensary in the latter stages. Even Aitken allows the use of opium in the declining stages.

It seems strange, often, no doubt, to the uninitiated, that persons are cured (so called) under each of the various plans of treatment for any certain disease; not only under the different line of treatment of the "regulars," but also under all the innumerable pathies, each claiming as good success as his opponent. What robbers we are! Every time disease is thrown off by a vigorous or capable system, then loud are the laudates to the attending physician, and down goes a result in the annals of medicine. Do we not often forget that many recover in spite of treatment, as well as that death often occurs, notwithstanding the most vigorously instituted therapeutics? Professor Dickson divided the sick into three classes. One gets well, in spite of good or bad treatment; a second dies, no matter how bad or how good the plan of treatment is; a third will live or die, just as the proper means are used or not. It is evident that the first and second classes are worthless as regards testing the remedial power of medicines, yet from these classes much of our so-called facts are obtained. In other words, the advance of knowledge in the direction of therapeutics must be slow.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY FRANK WOODBURY, M. D.

A conversational meeting was held December 13th, 1876. President, Thos. M. Drysdale, M.D., in the chair.

Dr. Jas. C. Wilson read his paper upon "Myalgia" (published in the last number of the Medical and Surgical Reporter).

Dr. S. W. Gross questioned the statement that myalgia might not be inflammatory or rheumatic. Pain in a muscle may be due to many causes, one of which may be rheumatism. In his own case, he has received marked benefit, in lumbago, from tincture of colchicum, in combination with morphia. Atropia injections are most efficacious; but in his own case they produced nausea, lasting several days. He would highly recommend, for the local treatment of myalgia, veratria, in the strength of forty grains, dissolved in alcohol, and rubbed up with an ounce of benzoated lard. Counter-irritation is of great service in some cases where there is degeneration, or inflammatory deposit. The actual cautery is also of undoubted value in advanced chronic cases, in which the spasm of the muscles has terminated in rigidity. In several instances, in which the patient could neither assume the erect posture, nor put one foot before the other, the establishment of an issue, by the hot iron, has been followed by complete relief. Acupuncture (Baunscheidtismus) is also of signal benefit in some instances, combined with croton oil.

Dr. J. C. Wilson endorsed the recommendation of counter-irritants and anodynes, but did not think that relief by colchicum, with morphia, in the case mentioned, was proof conclusive of its rheumatic nature, as many cases are benefited by the morphia uncombined. As to the actual cautery, it must be rarely necessary, as the disorder generally yields to milder measures; the hypodermic injections of atropia (gr. $\frac{1}{12}$) into the affected muscles, have given excellent results in his experience, both as a pal-

liative and curative measure; counter-irritants and anodynes are also indicated, as has been already mentioned.

Dr. Benjamin Lee was much gratified with the paper of the evening, and moved that a vote of thanks be tendered to its author. He considered the position assumed in the paper, namely, that myalgia is not rheumatism—a thoroughly sound one. With the exception of pain on motion, indeed, they have scarcely a single feature in common. But, at the same time, in studying the pathology of the affection, we should draw a distinction between its acute and chronic forms. The acute disorder, to which the name of muscular rheumatism is more likely to be applied, usually follows exposure to cold. But there must be a constitutional predisposition underlying this fact, which makes the exposure operative. Two men may be exposed to the same draught of cold air, under the same outward conditions; one wakes the next morning with a stiff neck, the other escapes. Now, there must have been a condition of the circulating fluid in the one which did not exist in the other. What this diathetic condition is we do not know, but we do know that it is not the rheumatic, that is to say, that which exists in articular rheumatism. The chronic form is that on which the lecturer has chiefly dwelt, and which he has rightly interpreted as the remonstrance of an overworked muscle. Overwork is, of course, a relative term. That which is overwork for one individual would not be for another; and that which is overwork for the same individual at one time, he might be able to accomplish with ease at another time. Whenever a muscle is worked beyond its supply of nerve force at any given time it is liable to give evidence of suffering in this way. The usual expression of chronic myalgia, that which he, at least, was called upon most frequently to treat, was the condition to which the title "spinal irritation" is commonly applied. It occurs generally in anæmic young women, about or after the age of puberty, who, from overgrowth, over study, excessive emotional development, or dissipation, have exhausted their nerve force, and are not able to supply all the demands made upon the nerve centres. One of its prominent symptoms is the existence of vague pains, and of tender spots in various parts of the body, the pains usually being increased by exertion. These tender points will be found, as correctly stated by the lecturer (and the fact has great diagnostic value), to correspond with the insertion of a tendon, or the space where tendon unites with muscle.

In an individual whose power of generating nerve-force is below par, it is but natural to expect that those muscles will soonest suffer, from overwork, which are most constantly taxed. These are the muscles concerned in maintaining the upright posture, viz.: the spinal muscles, and the muscles of the neck; these have absolutely no rest, except when we are lying down. Next to them the muscles of the chest and abdomen will complain. In the case of the latter it is a significant fact, as influencing our diagnosis, that the points of tenderness will usually be found, not only at these insertions, but in those simply tendinous expansions, the liniæ transversæ, which interrupt the continuity of the muscular fibres, and in which there are neither large nerve trunks, nor extensive distribution of nerve filaments, to lead to the suspicion of the existence of neuralgia. Now the constancy with which these sensitive points are found along the spine, has led physicians to jump to the conclusion that they depended on disorder of the spinal cord. Hence the name, sufficiently vague to conceal its want of accuracy, spinal irritation; and hence a variety of modes of treatment, faulty in theory, and often injurious in their results. The importance of an early recognition of the true pathological condition here existing, cannot be over-estimated, from a therapeutical point of view.

Further, and worse, these cases, because of tenderness on pressure on the spinous processes, are sometimes mistaken for caries of the vertebra, and the actual cautery applied and absolute rest for a long period enjoined; whereas, they need, above all things, sunlight, moderate exercise in the fresh air, and change of scene.

The treatment which has been recommended this evening, for the affected muscle or group of muscles, rest and counter-irritation, with anodynes, is appropriate to the earliest stage, but where the disorder is chronic and degeneration has begun, or deposit has occurred in the muscular tissues, these lose, in great measure, their efficacy, and then Massage constitutes our most reliable therapeutic means, restoring free capillary circulation, muscular tonicity, and promoting the absorption of effused material. Rest may be obtained by the use of mechanical appliances as well as by lying in bed; and many a case might be cured by an artificial support, enabling the wearer to enjoy the fresh air and sunlight, and to take exercise, which would have developed into chronic invalidism, had she been compelled to remain in bed indefinitely.

Fatal Tetanic Convulsions Coming on During Parturition.

Dr. James Collins reported the following case:—

About 18 months ago I was called to see an urgent case at night. The midwife reported that the patient was in labor, but that she acted strangely. I found all the symptoms of tetanus, complicating the first stage of labor. After giving an eighth of a grain of morphia, hypodermically, finding the os dilated, delivered her, as speedily as possible, of a dead child; the uterus contracting strongly, even violently. As she was apparently comfortable and quite composed, I then left her until about six o'clock next morning. Everything went well until the second day, when the tetanic symptoms re-

turned, and she died on the fourth day after the re-appearance of the tetanic symptoms. The bromide of potassium, chloral, morphia, and other remedies, failed; but she had immediate, though unfortunately only temporary, relief from inhalations of nitrite of amyl. Neither laceration, wound, nor obvious cause of any kind, was discovered, to account for the symptoms, and a post-mortem examination was refused. This case is reported, to invite attention to two points; the occurrence of tetanus during labor, without any other known cause, and secondly, the value of nitrite of amyl in controlling the tetanic spasms.

Removal of both Ovaries, for Sarcomatous Degeneration, with Microscopic Examination of Specimen.

Dr. Washington L. Atlee presented two morbid specimens to the society, and stated that he had come prepared to engage the attention of the society at some length, but the evening was too far advanced to detain the meeting. He would, therefore, merely state that on the 10th instant he had performed ovariotomy, and removed two large solid ovaries, which he now exhibited. The patient came to him during the summer, with some symptoms characteristic of extra-uterine pregnancy. She afterward enlarged rapidly, when, by tapping, he removed twenty-six pints of a bright amber colored fluid, rather darker than ordinary ascitic effusion, yet contained in the cavity of the peritoneum In this Dr. Drysdale could not find the ovarian cell. After tapping, the tumors were more clearly diagnosed to be malignant. The patient returned for operation, which was performed four days ago, in the ordinary way, and both ovaries were removed. There were several cysts on the surface of the right ovary, one of which resembled a child's cranium. All of these cysts contained fluid similar to that previously found in the peritoneal cavity, and which had probably escaped from a ruptured cyst. The pedicles were inserted into a sulcus in both the tumors, like the ureter in the kidney. The growths are irregular and nodular in outline, so that on external palpation they, floating in a fluid, as they did, might easily have been mistaken for an extra-uterine fœtus, the protuberances resembling the knees, arms, and head of a fœtus.

These cases are very rare; this is only my second out of 355 operations, and, indeed, I have seen only three out of over 1200 cases. These three resembled each other in some marked points; the age was uniform, about thirty to thirty-two years; all occurred in married women who had borne two or three children; all made their appearance soon after weaning, and all had the pedicle inserted in the same peculiar manner. In two cases there was such an accumulation of fluid around the tumors, that it was almost impossible to decide whether there was not a tubal pregnancy. Ballottement was perfect, and it was only from the absence of a confirmatory history that the diagnosis was made, which was afterward confirmed by tapping.

In one patient, whom he examined hastily, in Auburn, New York, the ovary had exactly the surface of the hob-nail liver, but here there was no fluid surrounding it. This case was afterward operated upon by Dr. Thomas, of New York, and became celebrated by having milk injected into a vein, to save her life. Dr. Thomas regarded the growth as adenoma, but Dr. Atlee was satisfied that he was mistaken. Dr. Thomas was afterward called upon to remove some obstruction in the bowels, and the very month that the case was published in the journal as cured, the patient died of malignant disease; a diagnosis that Dr. Atlee had previously made.

Dr. Atlee asked that the specimens be referred to the committee on microscopy, for examination. They were so referred.

Report of the Committee on Microscopy, to the Philadelphia County Medical Society, upon the specimens of ovarian tumors presented by Dr. W L Atlee, at the meeting of December 13th, 1876.

The committee on microscopy respectfully report that specimens of the juice obtained by scraping sections cut from the tumors in their fresh state, other sections obtained from fragments hardened in strong alcohol, and still others stained with carmine, were carefully examined under the microscope.

In the very scanty fluid exuded on scraping newly cut surfaces of each growth, was found a moderate number of rounded, oval, and spindle-shaped cells, with large, oval, regularly formed nuclei, generally furnished with bright nucleoli. A hasty drawing of the more abundant of these cell elements is herewith submitted, by which it will be seen that they closely correspond with those of spindle-celled sarcoma.

Thin sections from both the fresh tumors and from hardened preparations, exhibited a dense, fibrous-looking stroma, in which the spindle-cells apparently constituted but a small portion, the large majority having, it seemed, been developed into the fully formed fibrous tissue which gave its firm, dense character to the growth. The application of dilute acetic acid brought into view small oval nuclei, arranged with considerable regularity in the section, and which, even under a high power (1250 diam.), displayed none of the double, triple and multiple character commonly met with in neoplasmata of the more malignant type.

Your committee, therefore, conclude that these two ovarian tumors are the spindle-celled sarcomata of Wagner, Virchow, Rindfleisch, and other late German pathologists; and accurately correspond with those described by Rokitansky as "fibrous cancer," and by Paget, under the name of "hard cancer with fibrous structure" (vide, "Surgical Pathology," 3d edition, p. 632).

According to Rokitansky, ovarian growths of this character occur very rarely, and Scanzoni states that these "fibrous bodies" of the ovary

had, to his knowledge, only been proved to exist in four cases, up to the time his work was revised, in 1858.*

The fluid from one of the cysts attached to the right ovary was pale yellow, transparent, and on examination did not appear to contain any cell elements, except a few white blood corpuscles. The contents of the other small cyst were dark, red, grumous, and displayed, under the microscope, multitudes of altered red blood discs, with some granular bodies, which re sembled the granular ovarian cell, although, as they were not tested with acetic acid, this similarity may have been a delusive one.

Respectfully submitted,

Jos. G. Richardson, *Chairman.*

Philadelphia, Jan. 8th, 1877.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

ESPECIALLY REPORTED FOR THE MEDICAL AND SURGICAL REPORTER.

Stated meeting, January 22d, 1877. The President, Dr. John C. Peters, in the chair.

After the disposal of a certain amount of preliminary business, the paper of the evening was read by Dr. Charles Heitzman, late of Vienna. His subject was,

"The Cell Doctrine, in the Light of Recent Investigations."

With a few introductory remarks on the important bearing which it has on the study of physiology, pathology, and even therapeutics, the speaker went on to treat of the living matter which builds up the forms of the whole organized world, including vegetable, as well as animal, life. "What is it?" he asked. To this query no satisfactory answer can be given in the present state of our knowledge; and it seems somewhat doubtful whether this will ever be possible. We do know, however, that it is composed of ultimate particles, or molecules, which are of a complicated chemical character, containing from 52 to 55 per cent. of carbon; from 22 to 28 per cent. of oxygen; from 15 to 17 per cent. of nitrogen; from 5 to 7 per cent. of hydrogen; and from 1 to 2 per cent. of sulphur. More than that we scarcely know, except that it is characterized by two prominent properties, viz., the power of motion, and the production of its form. The motion which it possesses is of two kinds: (1) change of shape and (2) change of locality, or locomotion. This power of locomotion is not confined to animal life, as formerly supposed; but in this, as in many other points, the boundary wall that separates animals from plants has disappeared, in the light of more extended knowledge. The production of its forms is also of two kinds, viz.: increase in size, and production of its own kind, through propagation. The simplest form of the latter is merely division, without any interference of sexual functions. As a rule, the product is almost identical with the parent body. The speaker here mentioned that the subject of propagation had given rise to a vast amount of speculation on the part of various authorities, and alluded briefly to the theories which had been proposed by Darwin (*pangenesis*), Heckel, of Vienna, and Dr. Louis Elsberg, of this city (*preservation of the plasticules, or molecules*). According to the last named, every offspring contains particles, not only from its parent, but also from its whole preceding ancestry, presenting evidences of the changes or developments which the succeeding individuals may have undergone. This is distinctly denied by Heckel, but it seems altogether rational.

The next question proposed by Dr. Heitzman, was: what is the shape of this living matter which forms the basis of all organized substances? The cell was first discovered in 1835, by Dujardin, of Paris, who called it a *sarcole*, and in 1836 Schleiden, of Vienna, proposed the name *cell;* but Schwann was the real founder of the cell doctrine, which has since been so universally received. According to his authority, cell development presupposes a structureless nutritive fluid (*blastema*), in which, when exposed to life-giving influences, granules (*nucleoli*) are deposited. A number of these, congregated, form the nucleus, the germ of the cell, which is suspended in fluid contained within a distinct membrane. These views were adopted by Rokitansky, and afterwards widely promulgated by Virchow, in his "Cellular Pathology." Later, however, it was objected, by some observers, that we never meet with a *living* fluid, and that this fluid referred to cannot, therefore, be the origin of life. In 1861, Max Schultze declared that what had hitherto been called a cell, was a lump of living matter; to which he gave the name of protoplasm. Still he retained the name cell also, and the idea that the cell contained granules. Then Bricher, of Vienna, contended that the nucleus was not essential to the cell, and proposed, practically, to do away with the term *cell;* though he still wished it retained nominally, in honor of Schwann. Stricker, of Vienna, from his observations on the eggs of frogs, asserted that the cell was merely a structureless substance; while Beale, of London, imagined that the nucleus, or "germinal part," was the only living portion of the cell. All the rest he believed to be dead matter, and he would, therefore, have us say *germinal matter*, instead of *nucleus*, and *formed material* instead of *cell walls.*

This, in brief, was about the amount of our knowledge on the subject, when Dr. Heitzman commenced his investigations in Vienna, a little more than five years ago. He first made an infusion of blades of grass and black earth in water, and after exposing it to a moderate

* Schroeder (in Ziémssen's Cyclopædia) says: "Sarcoma, which very rarely occurs in the ovaries, and when it does, appears as a spindle-cell sarcoma usually affecting both sides, is developed from the connective tissue stroma of the ovary. * * * * * The course of the disease seems to be tolerably rapid, and the prognosis is as unfavorable as in carcinoma."

degree of heat for a considerable time, he discovered the most wonderful new growths, both animal and vegetable, making their appearance in it. These he regarded as resulting from germs which had been floating in the atmosphere, but which, falling into a favorable soil, where the conditions of heat and moisture were fulfilled, thus underwent their appropriate development. For two or three days no change whatever could be observed in the infusion, even with the highest powers of the microscope. By the end of that time, however, small homogeneous lumps of matter, yellow and shining, would begin to make their appearance. Shortly afterward (say about the fifth day), it was noticed that the color was changed to a rosy hue, and that the body was no longer homogeneous, but now contained little *vacules*, or spaces. These gradually increased in number, nucleoli and a nucleus made their appearance, and at the end of a week he found a fully formed amœba present, provided with both the power of locomotion and the production of its form.

Dr. Heitzman then went on to describe what he afterward discovered, with a very high microscopic power, in the amœba, viz.: very delicate threads of living matter, connecting all the granules with each other, and also with the enveloping membrane, which he also holds is composed of the same living matter. He was the first observer that ever noticed this fine network.

The amœba is thus somewhat like sponge in structure (with the addition of an enveloping membrane or plate). These organisms are constantly undergoing changes of form; and it is not at all uncommon to observe a large flap protruded on one side, while an accumulation of granules takes place in the opposite part. It is just as though the central portion of a piece of wet sponge, enclosed in a tight sac, were pressed upon, and its contents squeezed out at either end. Dr. Heitzman had also conducted a series of observations on the colorless blood-corpuscles of the cray-fish, and found that at first they were filled with coarse, shining granules. In a few minutes, however, these apparently homogeneous granules underwent a change, becoming flattened and polyhedral; and it was then noticed that there were vacules within them, while each was connected with the other by means of the same thread of living matter which had been observed in the amœba. Later, these masses would burst open, and new protoplasm thus be formed. It has been found that the colorless blood corpuscles of frogs and newts undergo the same changes at common temperatures, and the same have also been observed in human blood and pus corpuscles, under favorable conditions. In addition, the power of locomotion is acquired by them.

Dr. Heitzman then stated that he had availed himself of two substantial kinds of proof that his observations were correct, and that the phenomena which he claimed to have seen really took place, viz., (1) The testimony of a number of competent and unprejudiced observers, who had also noticed the same; and (2) The preservation of the appearances observed by means of photographs. He had also seen the connecting threads in some micro-photographs of so-called cancer cells, which were prepared by Dr. Woodward, of Washington, and which he (Dr. Heitzman) considered the most perfect that had ever been made in the world. When he spoke to Dr. Woodward about them, at the meeting of the International Medical Congress, at Philadelphia, the latter stated that he believed these threads consisted of dead matter; but Dr. Heitzman insisted that the same structure is also visible in living protoplasm. In the latter, the threads are from time to time lengthening and shortening, according as the granules which they conceal decrease or increase in size, and grow further apart or nearer together. If an amœba is treated with glycerine, the mass undergoes contraction, and its granular character becomes very indistinct. The organism is then really dead, and life cannot be revived in it.

All these observations go to show, then, that the enveloping membrane or plate, the nucleus, the granules, and the connecting network of threads, are all composed of the same living matter; while, contrary to the old doctrine, the fluid is utterly devoid of life. The question, therefore, arises, are we justified any longer in making the cell the basis of all tissue structure; and it must be answered in the negative. For, when we come to inquire what is the simplest form of living matter, we find that every cell is made up of thousands of granules, etc. The term cell is, therefore, a misnomer in this connection; and it is better to use some such word as corpuscle or molecule. The cellular pathology has been comparatively barren of results, because it has put investigators on a false scent, as it were, leading them always to expect to find cell elements.

It behooves us, then, to study granules now, instead of cells; and as we pursue our observations, we shall find that in persons in a depraved state of health (the tuberculous, for instance), there is very little living granular matter; while the reverse is true in those in good health. In pus from the healthy subject the corpuscles are found to contain a large quantity of this living granular matter, while in that from scrofulous individuals the granules are scanty.

This idea of the ultimate elements of tissue-structure, consisting of living granules of protoplastic matter, which float in a lifeless protoplasmic fluid, and are all connected with each other by means of a living network of delicate filaments, has been called by Dr. Elsberg the *bioplasson doctrine*, and it was advocated by him before the American Medical Association, in 1874. Dr. Heitzman has come to this country expressly for the purpose of teaching and promulgating it, and he is confident that ere long it will entirely supersede the generally accepted cell-doctrine.

At the conclusion of the paper, Dr. Elsberg, quoting in the outset the old proverb, that "seeing is believing," made a few remarks in corroboration of the theory, and suggested that it would probably cause a modification of many of our present views on nutrition, inflammation, morbid growths, etc.

Dr. H. P. Farnham also stated that he had been an eye witness of the phenomena described, both in Dr. Heitzman's, and in his own laboratory, and then some remarks on the paper were made by Dr. Eugene Dupuy, late of Paris, and the president, Dr. John C. Peters; after which the society adjourned.

Editorial Department.

Periscope.

On Belladonna in Typhoid Fever.

In the last volume of the St. Thomas' *Hospital Reports*, Dr. Harley states that in enteric fever he finds that ℥xv. of the succus (B. P.), given every four or six hours, is quite sufficient to sustain that moderate atropism which is beneficial. When delirium has been present, he has never found this dose increase it, but rather the reverse. In enteric, as in scarlet fever, severe congestion of the kidneys, and attendant albuminuria, are not uncommon events. For the prevention or relief of this condition, belladonna is the appropriate remedy, for the whole of the atropia admitted into the body is eliminated unchanged by the kidneys. If, therefore, the quantity of atropia be not excessive, it follows that an active circulation is maintained in these organs during the time they are engaged in its elimination.

An analysis of the cases recorded by Dr. Harley shows the following results:—1. As to the pyrexia. It appears that the rate of the pulse and the degree of temperature were never, as a rule, increased, but, on the contrary, both these symptoms uniformly declined under the use of belladonna. The daily averages of the pulse above given are, considering the severity of the cases, certainly low. Dr. Harley thinks that the stimulant action of belladonna on the heart is converted, in the pyrexial state, into a tonic, and, if not pushed too far, even a sedative influence on the heart and blood vessels generally; in other words, that it is a tonic and sedative to the sympathetic nervous system generally. By this action the capillary circulation is accelerated, the contraction of the vessels promoted, and thus the arterial tension which attends congestion of the parenchymatous organs is relieved, and a load at once removed from the heart. Diminution of temperature is the direct consequence of these changes. As the result of the prolonged use of belladonna after the cessation of the pyrexial state, Dr. Harley noted an irritable debility of the heart, as if it had been exhausted by over-stimulation, and the nervous system had also shown a participation in this effect. The beneficial use of belladonna, therefore, lies within narrow limits as to dosage, and vigilance must be exercised lest these limits be exceeded. As to delirium, Dr. Harley has observed that, except in a very small proportion of cases, this symptom in enteric fever is not increased by belladonna, and he has never withheld the drug on account of delirium. Speaking generally, the effect of the belladonna was to diminish the insomnia so frequently present. One of the most noticeable effects of belladonna in the pyrexial condition, is moistening of the tongue. No particular effect on the skin was noted. As far as could be determined, the diarrhœa was not directly influenced either way, but in those cases in which the belladonna was given from an early stage of the disease, it appeared to be of shorter duration. The tendency to hemorrhage is not influenced.

Zinc and Iron in Chorea.

In an article in the *Lancet*, January 6th, Dr. W. H. Dickinson expresses his opinion that sulphate of zinc is the most efficient remedy in this disease. One grain may be given three times a day, or in a very severe case more often, and a grain added to each dose every day until the dose amounts to between fourteen and twenty-six grains. Thus administered, and sufficiently diluted, it causes no sickness, nor any prominent effect but the abatement of the jactitation and grimace. A scruple, or rather less, is commonly a sufficient dose, but much more may be given. In an exceptionally severe case, of which the subject was a girl of seven, I gave, with apparent advantage, and certainly without harm, a dose, which at last reached forty-five grains, three times a day, or one hundred and thirty-five grains in the twenty-four hours. Under this, the child became able to talk, feed herself, and walk, none of which she could do before. The greater amount passes off by the bowels, and the metal can be recovered from the fæces. I have not succeeded in finding a trace in the urine, so that probably but a small proportion is absorbed; though, from the greater effect upon the nervous system of large doses than small, it is probable that the quantity absorbed bears some relation to the quantity swallowed.

Next to the salts of zinc, and often to be preferred to them, come those of iron. Where

there is evident anæmia, iron, in some shape, should be given from the first. Zinc does best with florid children, iron with the pallid; zinc when the symptoms are acute, iron when they are chronic. I have met with good results from the syrup of the bromide; and the valerianate, like that of zinc, may occasionally be resorted to. In the more lasting and slighter forms of the disorder, where perhaps an occasional twitch or grimace, or some awkwardness in the limbs, is its only sign, arsenic, as a nerve-tonic, in small and long-continued doses, is often of service; and a similar statement may be somewhat more emphatically made with regard to strychnia, particularly if this alkaloid be given together with iron. Thus, for the slighter, and more lasting forms of the disorder, the pharmaceutical remedies are iron, arsenic and strychnia; often iron together with one of the others. Strychnia, like iron, may be advantageously given, as bromide in the liquor strychniæ bromidi.

The Differences Between Croup and Diphtheria.

On this vexed question a good authority, Dr. E. Headlam Greenhow, concludes, in a lecture in the London *Medical Times and Gazette*, to sum up what appear to me the essential differences between the two diseases we have been considering.

Diphtheria is a specific febrile disease, characterized by—

1. Considerable, sometimes extreme, prostration.

2. Sore throat, often difficulty of swallowing, usually preceding by some days the laryngeal symptoms, but no hoarseness of voice until stridulous breathing and cough supervene.

3. Injection and swelling of the fauces, which are more or less extensively covered with exudation.

4. Swelling of the glands at the angles of the lower jaw.

5. Presence of albuminuria or epistaxis in many cases.

Croup is a local catarrhal inflammation, in which—

1. There is little, and sometimes no, prostration.

2. Catarrh and hoarseness of voice precede, for a longer or shorter time, the urgent laryngeal symptoms, but, as a rule, there is no sore throat nor difficulty of swallowing, though patients often complain of pain in the trachea.

3. Shrill cough, of metallic tone, and stridulous breathing, are early symptoms.

4. The fauces may be injected, as they usually are in common catarrh; but they are not much, if at all, swollen, and there is no exudation upon them.

5. Swelling of the submaxillary glands, albuminuria, and epistaxis do not occur.

The last, but most important point of difference between croup and diphtheria is that the constitutional treatment of the two diseases is totally opposite.

In diphtheria we are obliged to support the patient's strength from the commencement, and any depletory treatment would be most injurious; indeed, the prostration usually very soon becomes so profound that we are compelled to give stimulants rather freely. In croup, on the contrary, the patient's strength, as a rule, remains good; leeching, emetics, and antimonials are well borne, and often, as in my second case, bring about resolution of the inflammation and rapid recovery.

Relations of Aural and Cerebral Disease.

In a paper quoted in the British *Medical Journal*, Dr. W. J. Cummins brought forward a series of cases illustrating the causal connection between suppuration in the ear, of old standing, and meningeal and cerebral symptoms causing death. The first was that of a young gentleman, aged 17, who had ear affection, the result of scarlatina, since childhood, which finally led to meningitis, terminating fatally in four days. The second was that of a little girl, who had also a chronic discharge from the ear, which caused cerebral symptoms, less acute than in the former case, but which, in the end, terminated in convulsions and death. The third was a middle-aged gentleman, who had long-standing ear-disease, which, in like manner, ended fatally in cerebral disease; and the fourth case was that of a young lady, in whom the ear mischief produced pyæmia and death. Dr. Cummins made some remarks on those cases, pointing out the great danger of this "latent spark of death," and the necessity of paying attention to a discharge from the ear.

Treatment of Diphtheria.

The following plan is that laid down in the *Lancet*, by Dr. F. Knowles, of Ipswich, the result, he says, of wide experience:—

In each case I applied a strong solution of iodine to the false membrane: in mild cases once, in severe cases every six hours. After allowing the pigment to remain on for about the space of a minute, I directed the patient to hold a small quantity of the wash, used by me, in the throat, for a few moments. On rejecting it, the false membrane invariably came away. In young children I used a soft camel-hair brush to remove the membrane. I never used force, in any case, to detach it, as practiced by Loiseau. Although the exudation re formed, I found after each application the quantity was lessened and altered in character, being thinner and more fragile. The strength of the iodine I use, even for the youngest child, is: iodine, one drachm to two scruples; iodide of potassium, two scruples; rectified spirits of wine, one ounce. The wash consists of a solution of chlorine and hydrochloric-acid gas. It is prepared thus:—Take of chlorate of potash eight grains; put it in a pint bottle, with one drachm of pure hydrochloric acid; cork the bottle, and shake it; as soon as the chlorate of potash is dissolved

add one ounce of distilled water; recork the bottle, and shake it; repeat the process twice more, and then fill it up with water. I use equal parts of this solution and water; the addition of two drachms of tincture of myrrh to half a pint makes it much more agreeable.

The internal treatment of this malady I consider most important. The one I always adopt is to administer the following mixture from the commencement of the attack:—Chlorate of potash, one drachm; dilute nitro-muriatic acid, one drachm and a half; compound tincture of cinchona, three drachms; water to six ounces; one ounce to be taken every two or three hours, and dose in proportion, to children. I believe chlorate of potash to have a special influence in preventing the formation of plastic material. When the submaxillary and neighboring glands are affected, I order linseed meal poultices to be kept constantly applied. Inhalations of hot vinegar and water, in the proportion of one to three, I have often found very serviceable. In every case I order the patient to be well supplied with good, nourishing, digestible food, such as game-soup, beef-tea, chicken broth, warm milk, eggs, cooked and raw, and as much fresh gathered fruit as wished for. Pontac and sound port were freely administered.

Osteotomy in "Genu Valgum."

At the Congress of Naturalists, recently held in Hamburg, an interesting paper on this subject was read in the Surgical Section, by Dr. Max Schede. Antiseptists will be pleased to know that the successful results to which we will shortly refer were considered, in great measure, as due to the antiseptic precautions and dressings which were adopted in the cases. Dr. Max Schede presented to the Congress a young man on whom he had performed cuneiform osteotomy of both tibiæ and both fibulæ. The man had been the subject of exaggerated *genu valgum*, which had resisted all previous treatment. The legs and thighs were at an angle of about eighty degrees. Antiseptic precautions were adopted at the operation (which was done in February), and Esmarch's bandage was applied. A wedge-shaped piece of bone, three quarters of an inch wide, was excised from each tibia, and the fibula was cut across; the legs were then straightened. At the end of May consolidation was complete, and the operation thoroughly successful. At the same time he reported other cases where the operation had been done with similar success, either for rickets or knock-knees. He mentioned one case in which the tibia had been divided, but not the fibula, but the cure was not so complete as in those cases where both bones had been cut.

—Mr. Julius Chambers, the *Herald* reporter who feigned insanity, was admitted to an asylum and wrote a spirited account of his experiences, has published a book entitled, *The Mad World*.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Floral Guide*, published quarterly, by Mr. James Vick, Rochester, New York (25 cents a year), is a beautiful and useful periodical to all who have any taste for horticulture. The January number has a superior chromo-lithograph, representing a summer bouquet, rich with the colors of the June flowers. With characteristic generosity, Mr. Vick offers $40, in cash, for the best show of flowers, at every State fair in the Union. He also announces, in the *Floral Guide*, several other premiums to amateurs, which deserve their emulation. (See page 24.)

BOOK NOTICES.

Annual Reports of Diseases of the Chest, under the direction of Horace Dobell, M. D., etc., Consulting Physician to the Royal Hospital for Diseases of the Chest, etc., assisted by numerous and distinguished coadjutors in different parts of the world. Vol. 2, June 1, 1875, to June 1, 1876. London, 1876. 8vo, pp., 307. Price $5.

We hail with pleasure the second volume of these extremely valuable reports. They are an indispensable annual purchase for any physician who claims to devote special attention to the large class of diseases to which they refer. They are the best annual summary on that branch of medicine which exists in any language. They cover the whole of it, and the epitomes are by masters in those studies. The material is derived with impartiality from all quarters. Contributions are given from nearly all the civilized states of Europe, from the United States, Canada, India, Australia, New Zealand, and Fiji. Of the coadjutors in this country, we may name Drs. Bowditch, of Boston; DaCosta, of Philadelphia; Donaldson, of Baltimore; Draper and Flint, of New York; and the late Dr. Logan, of Sacramento. An equally distinguished list is presented from other countries. The various contributions are carefully arranged and edited by several assist-

ant editors in London, who add further value to the work by a copious analytical index.

The reports include the anatomy, physiology, pathology, etiology, and therapeutics of the thoracic organs and their immediate associates, therefore, of the heart and lungs generally. Taking for instance, the synopsis of writers on pulmonary consumption, we find quoted the monographs and works of Drs. Gleitsman (U. S.), Hayter, Aufrecht, Richardson, Flint, Teissier, Bouchardat, Fromolt, Bertolet, Fournier, Landenberger, Niemeyer, Lecadre, Williams, Parkin, Madden, Milroy, Villemin, and several others. Where could the reader find a more complete exhibition of the year's representative labors against this formidable disease?

What especially we like about Dr. Dobell's works is here also strongly marked, that is, definite and clear ideas on therapeutics. There is not that haziness, and often indifference, to the relief of disease, which is so often apparent in writers now a-days. Thus, in this volume, we find the "Therapeutics of the Thoracic Organs" a prominent feature in the collocation of articles. To exemplify its meanings we turn to that title under "Austria." Here are given the "Therapeutics of Diseases of the Nose," by Dr. Catti (by bougies); "The Pneumomatic Treatment of Diseases of the Heart and Lungs," by Dr. Schnitzler; "On Compressed and Rarefied Air," by the same; "On the Treatment of Croup, in Prince Rudolf's Hospital, Vienna;" "The Therapeutic Action of Antiarine;" "Apomorphia as an Expectorant;" "Notes on the Treatment of Diphtheria;" "The Essentials of Climatic Resorts for Invalids;" and half a dozen other articles.

The first and second volumes of these reports deserve, we repeat, the closest perusal by any one who would become an accomplished practitioner in diseases of the chest. We hope the series will meet with abundant support, as it richly merits.

The Medical Register for New England. By Francis H. Brown, M. D., M. M. S. S. Boston, H. O. Houghton & Co., 1877. pp. 413.

Year by year Dr. Brown has added to the value of his register. He now has expanded his work, so that it embraces about all the medical information that can be desired for the whole of New England. We are given the associations and societies, medical schools and kindred institutions, hospitals and dispensaries, benevolent and charitable associations and asylums, and a very complete directory and business guide. To the medical man such books are invaluable, and are almost constantly called in use. One feature which greatly adds to its value is the topographical directory, by which, in a moment, a medical man can be selected in any specified location. To the medical man who desires to place a patient in proper hands, on arrival at a certain point, or desires information professionally in a location; to the insurance agent, who may need an examiner; in short, to any one who wishes the name of a respectable practitioner in any city or town, such information comes most acceptably. Taking this, with the medical directory of New York State, and that of Pennsylvania, we feel that we have a great want supplied. The special advantage of these volumes over any others yet offered, is that they include the names of none but regulars, those only who are regarded as bound by the Code of Ethics. We hope, ere long, to welcome a volume which will give us the names of the regular profession of the entire country, or at least those who are bound by their association to act as such.

Chemical and Pharmaceutical Directory of all the Chemicals and Preparations now in general use in the Drug Trade. Their Names and Synonyms Alphabetically Arranged. In English, Latin and German. By John Rudolphy. Chicago, 1877. Price, $5.

This volume is a book of 407 large octavo pages, embracing the names of more than thirty thousand drugs and compounds, alphabetically arranged, with their synonyms in Latin, English and German. It is divided into three parts: 1. English, Latin, German; 2. Latin, German, English; 3. German, Latin, English. It will prove a valuable hand-book to every druggist, wholesale or retail, and also to those practitioners, German or American, whose patients are of both nationalities. There are constantly arising occasions where a knowledge of these synonyms is of value; and so far as we have examined this work, the author seems to have taken pains to be both thorough and accurate. He is already favorably known to the drug trade, by a pharmaceutical directory, published not long since, which commanded an extended sale.

THE

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INTERNATIONAL MEDICAL REGULATIONS.

Recently we spoke of the evils attending State boards for examining and granting licenses to physicians. There is a similar false movement in a number of countries at present; one which will bring nothing but annoyance on the profession. We give some instances.

Quite lately, in Funchal, Madeira, a daily paper published in that favorite health resort had a leader, from which the following is an extract:—

"We have observed that, in spite of the laws of our country, foreign physicians are practicing medicine in Funchal without being legally qualified. This is wrong, firstly, because it is a violation of the law. It is wrong, secondly, because it injures the legitimately acquired rights of third persons. It is wrong, finally, because this question concerns the health and the lives of the citizens. Without referring especially to the foreign doctors who practice illegally in this city (because we are not acquainted with them, nor do we know anything of their qualifications), we say, in a general way, that whoever withdraws himself from (or evades) the examinations which the law requires as a qualification for practicing in Portuguese countries, shows, perhaps, some fear of not standing the test; perhaps he is not qualified for doing so. And one cannot, and ought not, to deliver the health or lives of our fellow-men to the dangerous chances of unskillful hands, in order to favor certain persons."

Following the example of the Portuguese government, that of France is about taking measures to prohibit American, British or other physicians from practicing in France, however eminent they may be, and even when having the intention of limiting their practice to their own sick fellow-subjects resident abroad. Existing rights, it is said, will be respected. Gentlemen already in practice in Paris, or the health resorts of France, will not be disturbed. But, with this exception, the new law of France will aim at making it difficult for foreign residents to obtain the advice of doctors of foreign training and qualifications, by actually prohibiting practice except by those who have graduated in the French universities. If the most eminent physician were asked, under the contemplated measure, to go to see a patient, say at Cannes, or Pau, he would have to pass *five* examinations, several of them of an elementary character.

In England itself, the same effort is making. Suit was lately brought against an American physician in London, for practicing without a diploma; he showed an American one, and the magistrate declared he was a legal practitioner. The case, however, has been appealed, and an endeavor will be made to exclude *all* American diplomas.

Now, as a rule, an invalid likes to be attended by a doctor of his own country. A physician understands the ways and feelings of his own countrymen much better than any foreigner, no matter how clever he may be, ever can. A sick man must not be burdened with the need of expressing himself in a language which both he and

the doctor (if a foreigner), imperfectly understand; and which, for want of comprehension, may, besides worrying the patient, give rise to serious errors in treatment. Similarly, there are certain traditional ways of nursing, etc., peculiar to each nation, which make the sick-room of one nation different from that of another. The ideas of one nation as to diet and ventilation may, also, be quite at variance with those of another. Hence, it follows, that where there are American, English, German, Russian, or other invalids, there should be American, English, German, and Russian doctors.

The system of mutual exclusion is a false and narrow one. Rather let the International Medical Congress appoint a committee, which shall prepare a chapter of medical schools, whose diplomas shall be *prima facie* evidence of qualification, *ubique gentium*. This will do away with what looks like professional local jealousy. It will protect the sick in their interests; and it will avoid the absurdity of forcing gray haired veterans to go before local examining boards. Or if a board there must be, let there be one in every country, whose verdict of competence will be good everywhere.

Notes and Comments.

Therapeutical Notes.

THE REMOVAL OF SYPHILITIC STAINS.

Mr. R. Cresswell states, in the *Lancet*, that to remove the copper-colored stains of a syphilitic rash, he would recommend the administration of the solution of arsenic and of iodide of mercury, or Donovan's solution, in ten-minim doses three times a day, after meals. This he has found very certain in effect after the failure of other treatments.

HERPES ZOSTER.

A correspondent of the *British Medical Journal*, writes:—I always commence the treatment by one or two calomel and rhubarb or colocynth purges, along with some saline mixture, until the tongue becomes clean; then one or other of the nervine tonics will complete the cure. However patent it may be that this eruption follows the course of nerves, and is, therefore, classed as a neurosis, it is very clear to my mind that it is accompanied, if not caused, by derangement of the secerning organs, and that our treatment must be directed to them in the first place.

The Import of Delirium.

In a late clinical lecture, Dr. Hughlings Jackson thinks that far too much importance is attached to the occurrence of delirium as a sign of acute primary brain disease; that it is, for example, really of very litttle value toward the diagnosis of cerebral or cerebellar abscess, or of meningitis, in patients who have ear-disease. Far better signs are non-mental symptoms, such as severe headache and alterations of pulse. If it were possible to consider delirium alone, it would, he thought, point more strongly to pyæmia occurring with the ear disease; he believed that some cases of recovery from an acute illness with ear disease, thought to be cerebral disease, on account of delirium, were really cases of slight pyæmia.

The Surgical Schools of Paris.

France seems regaining her reputation for surgical teaching, seriously threatened, recently, by the Germans. The Paris correspondent of the *British Medical Journal* writes, of M. Verneuil's clinique:—I do not know any better clinical school than this; and whatever may be said in depreciation of the present position of French hospital practice and teaching, as compared with that of Vienna, or of Berlin, I am persuaded that surgery cannot anywhere be studied with greater advantage and completeness.

The Treatment of Acne with Sand.

Dr. Ellinger (*Wiener Med. Wochenschrift*, No. 45, 1876) strongly recommends frictions of the skin with fine sand, in the treatment of comedo and acne of the face, in young persons. The sand should be regular in grain, not dusty, and not containing lumps; particles half as large or as large as a poppy seed should alone be used. Before the friction the skin must be thoroughly washed with soap and water. It is then to be kept damp for half an hour, and finally the affected parts are to rubbed for a short time with the sand, which is to be used slightly wet. Afterward any adhering sand must be sponged or brushed away. The same method is applicable

to certain cases of psoriasis, eczema, lichen, acne, rosacea, and freckles. If the eruption be situated on the trunk or limbs, each friction must be preceded by the prolonged use of a moist compress to the part, so as to soften the skin.

On Fusil Oil Poisoning.

On this subject there have recently been reported some experiments of Dujardin-Beaumetz and Audigé ('Comptes Rendus,' lxxxiii, 80). The trials were made with dogs, the fatal doses being determined for five different alcohols, and by two methods—administration by the stomach, and by hypodermic injection. For each kilogramme of live weight the quantities necessary to produce death were these: Of methyl alcohol, 5 grains; of ethyl alcohol, 7·75 grains; of propyl alcohol, 3·13 grains; of butyl alcohol, 1·74 grains; and of amyl alcohol, 1·48 grains. Thus it appears that the most abundant constituent of fusil oil is the most poisonous, and that this amyl alcohol is five times as powerful as ordinary alcohol. And it further seems that the dilution of some of these higher alcohols of fusil oil with ordinary alcohol enhances greatly their toxic effects.

Operations for Hemorrhoids.

M. Verneuil, in presenting, lately, to the Société de Chirurgie in the name of one of his old pupils, Dr. Fontan, a *brochure* on the "Treatment of Hemorrhoids by Forced Dilatation of the Sphincter Ani," expressed the opinion that the records contained in this volume, like the facts which M. Verneuil himself has occasion to collect, are of a nature to suppress, henceforth, all bloody operations for hemorrhoids.

Smoking as an Anaphrodisiac.

The editor of the *Medical Press and Circular* remarks, in a late issue:—

From several instances that have come under our notice, and from the experience of others, we have every reason to believe that smoking carried to excess acts decidedly as an anaphrodisiac, especially in persons of a nervous or lymphatic temperament, or in those whose generative organs are not, by nature, very vigorous. M. Marc, in "Dict. des Sciences Médicales," t. xxiv, p. 176, considered that the use of narcotics, especially tobacco, hyoscyamus, cicuta, and opium, was a cause of functional impotence. Dr. Copland ("Dict. of Pract. Med." *Art. Poisons*) calls smoking an enervating, emasculating luxury, and observes that the offspring of those who indulge in it in excess are often weak, puny, and stunted in growth, or of a nervous, susceptible and scrofulous conformation.

Assilini's Forceps.

A writer to the *Lancet* says:—As a point of practice, I would strongly recommend the use of a somewhat neglected form of forceps (Assilini's), the most easily applied, locked or shifted, I am acquainted with, and which can be used with the least amount of fuss; in fact, I have several times introduced the blades without the knowledge of the patient. And I do not know any other form of this invaluable instrument with which one can feel the exact position of the head so perfectly, and with which that happy "shake," which so often dislodges an impacted cranium, can be so readily performed, and at the same time is so efficient, both for compression and traction.

Poisoning from Pottery.

By a curious coincidence, since the publication of our note on "Dangers to Health from Pottery" (Reporter, January 27, page 89), we notice the daily papers contain a notice that "John Doyle and his family, residing near Harrisburg, were poisoned recently, by eating apple-butter contained in a crock glazed with oxide of zinc." They all recovered.

The poison is, of course, not the oxide of zinc, but, as we stated, the oxide of lead fused on the surface of the earthenware. Families should be placed on their guard against this source of ill health.

The Color of the Eyes as Indicative of the Length of Life.

In a late pamphlet, Dr. Moreau Morris says that when the eyes are of a reddish-brown tint, easily lighted up under excitement, caused by a more rapid circulation, we have the most decided indication of a tendency to apoplexy; liability to sunstroke or sudden cerebral congestion; and, as in these temperaments there is usually less muscular tonicity of blood vessel, it is with such that the smaller blood vessels give way under pressure, from undue excitement or continuous mental activity.

It has also been remarked that comparatively few persons with pure brown eyes can be found living, above 70 years of age. Usually, they do not live beyond 60 to 65. On the other hand, it is rare to find persons over the age of 70 who have not pure hazel eyes.

Poisoned Arrows.

Public attention has been prominently directed, recently, to a very interesting question, which was raised by Dr. Messer, R. N., as to the effect of the poisoned arrows used by the natives of the South Sea Islands. The paper will be found in the *Naval Medical Report*, for 1875. Its object is to show that, whatever the poisonous substance with which the arrows are smeared (a point on which nothing certain is known), it does not produce any specific effect, but that, when it proves fatal, it does so by inducing ordinary traumatic tetanus; and this result, always more or less probable in a tropical climate, is, according to Dr. Messer, much more likely to ensue, if the wounded man have a nervous dread of the poison; and still more if (as would be the case with a savage) he be also under the influence of superstitious terror.

Ergot in the Pains of Pregnancy.

Dr. W. R. Putney, of Virginia, writes us that he has observed that ergot will relieve severe pain in the back and bowels, uncomplicated with hemorrhage in the pregnant, when threatened with abortion, in fifteen-drop doses every four hours. It surpasses opium in its sedative effect upon the pelvic organs; it subdues the hyperæmia of these parts, thus quieting the disturbance. It is equally satisfactory when hemorrhage is present.

Correspondence.

Antipyretics.

Ed. Med. and Surg. Reporter:—

I notice in the number for January 20th, 1877, of your very excellent journal, under the head of "The Cold Bath in Typhoid Fever," that Professor Seé, of Paris, "condemns the use of the cold bath, so much in vogue in the treatment of typhoid fever." The learned professor having stated that, "according to his own experience, and that of many other physicians, it is not only a useless remedy, but absolutely dangerous in the treatment of this affection."

I have noticed, also, that Dr. Thomas F. Rochester, in his inaugural address before the Medical Society of the State of New York, threw out a hint, in the same direction, and as appeared to me, very wisely, no matter whether the idea may be regarded as new, or an old one called up to meet emergencies that some may regard as beyond our control by other means.

Dr. Edward Warren, of Paris, late Chief Surgeon of the Khedive's army in Egypt, has also spoken very plainly, and I think, truly and sensibly, on this subject, during the past year, referring especially to the cold bath and other heroic antipyretic agents now in vogue for the cure of typhoid or enteric fever.

When a new idea, or an old one revived, is presented for general acceptance, the true policy is, undoubtedly, to compare it with known practical facts, and so judge of it in the light of reason, on strictly common-sense principles; and could this always be done, we should not hastily, and without due consideration, adopt a course of antipyretic treatment of disease, including the use of cold water, large doses of quinine, and arterial sedatives, in typhoid or other febrile affections, which, though perhaps generally safe, are entirely unnecessary, and, in some cases, absolutely dangerous, as Professor Seé states.

It is doubtful if the treatment can be sustained in practice, even if we allow the erroneous position upon which it is founded, that elevation of temperature is the condition to be overcome. For cold drinks, as well as cold applications, diminish the secretions, and checking the cutaneous exhalation, tend to the accumulation of animal heat, in typhoid as well as in all febrile affections, as I believe science and facts testify.

Would it not be wiser, and a more judicious course, for us to consider all such *extreme measures*, as they generally are, as the result of running one idea, and that an erroneous one, to the exclusion of the general and true pathological conditions? To sustain our patients in febrile and other affections on *safe* and reasonable doses? And to remove, as far as we may, local complications, if we fail to prevent them?

Should we adopt this rational course, and give a reasonable amount of nourishment suited to each particular case, we may often prevent, and when not, reduce, an elevated temperature, in febrile affections, instead of checking the secretions and cutaneous exhalations by cold applications and drinks, thus causing an accumulation of animal heat and fatal congestions of vital organs.

We imitate nature by keeping our patients comfortably or reasonably warm; giving them warm drinks, and sponging them with warm water, so as to favor a gentle, insensible, if not a free, perspiration, the evaporation of which, from the surface of the body, renders latent, and carries off, many (nearly 1000) degrees of heat, thus letting down the temperature without danger, and throwing off effete matters in the natural way.

In this way, according to my experience, and

as I believe nature indicates, the patient need not, even in enteric or most other febrile affections, linger on for any set time, but may, in fact, be convalescent from the first; and the ghost of an elevated temperature, if it appears, will thus vanish with the pathological conditions which were the cause of it.

E. R. Maxson, M. D., LL. D.

Syracuse, N. Y., Jan. 30, 1877.

Chlorate of Potash and Mercury.

Ed. Med. and Surg. Reporter.

I have lately seen several articles in the Reporter, in regard to giving chlorate of potash and calomel at the same time. A few years ago there was, in the city of Albany, New York, a case where calomel and chlorate of potash were given, either in combination, or alternately at short intervals. The patient, a child, died suddenly, with symptoms of poisoning by corrosive sublimate.

The inference was, and I think very reasonably, that a portion of the chlorine of the chlorate of potash had united with the calomel (chloride of mercury) and formed bichloride of mercury, or corrosive sublimate.

I think we ought to have some regard to chemistry in prescribing drugs.

W. S. Mendon, M.D.

Illinois, Jan. 26, 1877.

Poisoning by Nutmeg.

Ed. Med. and Surg. Reporter:—

I met with a case, a few weeks since, of poisoning by *nutmeg* (nux moschata). As it was entirely new to me, never having read or heard of such a case before, and as the nutmeg is of very common use for culinary purposes, I will venture to detail this one; the more especially since it is not usually regarded as a poison, nor is it enumerated in any list of poisons which I can find, though such effects are attributed to it in the "United States Dispensatory," p. 571, 13th edition. My patient was a bright little girl, 9 or 10 years of age, but in rather delicate health. She waked up from sleep, having retired for the night apparently as well as usual, and told her mother she felt very curious, and believed she was going to have a spasm; she then passed into a stupor, and when, an hour later, I saw her, she was roused only with considerable difficulty. She knew *no one*, apparently; did not seem to recognize her father or mother, though, when roused, she answered my questions intelligibly. Told me everything she had eaten during the afternoon, and among the rest, about half a *small nutmeg*. She complained of dryness of the throat, and the pupils were dilated, as if she might have had belladonna. Of this, however, I am *sure*, she had none. I remained long enough with her to become satisfied she was not in a very dangerous condition, and that the stupor was not deepening. I administered *strong coffee* and a dose of oil and turpentine; directed that she should be roused occasionally, and left. The next morning there was no change, except she was less stupid, though still inclined to sleep, when left alone, and *could not see*. The bowels had not moved, nor did they, till two more full doses of oil and an enema were administered. From this time she gradually recovered, and is now as well as ever.

All the while the pulse and respiration were both perfectly normal. The little girl still persists in saying she ate nor drank anything save the nutmeg, and I am sure she speaks truly. To this, therefore, I attribute the effects.

Perhaps some of your readers may have seen like cases. I report this for what it is worth.

Yours, respectfully,

Thos. M. Matthews, M. D.

Mount Enterprise, Rush Co., Texas.

News and Miscellany.

New Medical Colleges.

A new medical college is about to be started in New Albany, Indiana. Another one is announced from Nashville, Tennessee, of which Professor Paul F. Eve is the chief officer. It is on the "two terms in nine months" system, which is said to be based on the analogy of nature: for as it requires but nine months for an embryo to become an infant, it should not ask more for a dunce to become a doctor.

Personal.

—Medical Director William Grier has been appointed Chief of the Bureau of Surgery in the Navy Department.

—Dr. Green, an old physician, of eccentric habits, who has contributed literary articles to the press from time to time, died in New Brunswick, very suddenly, January 14th.

—Dr. M. Mayer Marix, a well known physician of Denver, Col., died suddenly, January 12th. The Denver *Evening Times* states that it is the probable result of suicide, the deceased having been indicted for abortion.

—A distressing accident happened at Lockborne, Ohio, recently, by which Dr. R G. McLean lost his life. He was illustrating the use of the syringe for the hypodermic injection of morphine, so that a young lady could administer it, when necessary, to her mother. He had the syringe filled with water, and made a slight puncture with it in his own arm. The syringe had something in it which poisoned him, and, notwithstanding everything was done which could be, he died. Dr. McLean was the cousin and companion-in-arms, though younger, of Gen. Winfield Scott. He served with honor in Mexico and the late war.

Items.

—It is a curious commentary on the progress of science, that the most unscientifically constructed houses in Paris and London, are those in which the leaders of science carry on their deliberations. The hall in which the Paris Academy of Sciences meets is so badly ventilated, that when the windows are closed the members are stifled with heat and foul air, while, as usual, many of them have a dread of open windows. M. Leverrier declared, a short time ago, that the only other apartment in France which was so intolerable, was the hall of the Institute.

—In the new play of "Miss Moulton" the heroine suffers from heart disease, and Clara Morris says: "I have taken great pains to study the symptoms and mode of their expression. I have even had a woman brought to me who was afflicted with this complaint, and have noted how it manifested itself." Query. *What* heart disease?

—Lucille Western and several other actresses have recently died of pneumonia, contracted, it is said, by the practice of leaving the stages of the theatres unheated; the drafts arising from the unequal temperature from before and behind the curtain often give rise to serious illness, both among the actors and in the audience.

—Rev. Mr. Talmadge says King Asa had the gout, and the doctors killed him. 2 Chron. xvi, 12, 13.

—Dr. J. Howard Taylor, Sanitary Inspector of the Board of Health, of this city, reports that the abattoir, located on the west bank of the Schuylkill, is kept in excellent condition, and that it presents none of the objectionable features urged against it in advance of its establishment.

Chinese Treatment of Nightmare.

The following is a translation from a Chinese medical work:—"In case of nightmare do not at once bring a light, or, going near, call out loudly to the sleeper, but bite his heel or his big toe, and gently utter his name; also spit in his face, and give him some ginger-tea to drink, he will then come round; or blow into the patient's ears through small tubes; pull out fourteen hairs from his head, make them into a twist, and thrust them into his nose."

QUERIES AND REPLIES.

Impotence.

MR. EDITOR:—A young man, twenty-eight years of age, two months married, finds himself impotent. Probable cause, masturbation. He has emissions with imperfect erections. Has taken a full course of quinine, strychnia, phosphorus and cold bathing, without effect. Will some reader of the REPORTER suggest treatment? HALLERUS.

Conjunctivitis.

MR. EDITOR:—Will some of the ophthalmological readers of the REPORTER recommend a treatment for obstinate granular conjunctivitis, which resists the ordinary plans mentioned in the books?

Tennessee. C. R. D

Scrofula.

Dr. W. R. P., of Va., repeats his request, that physicians who have had satisfactory experience in the treatment of scrofulous disease among the colored race of the South will publish their methods in the REPORTER.

BIRTHS.

BEARDSLEY.—At Birmingham, Connecticut, on January 29th, a son, to Dr. George L. and M. Louise Beardsley.

MARRIAGES.

CARTER—MCQUILLEN.—On Thursday, the 25th ultimo, at Arch Street Presbyterian Church, by Rev. Walter Q. Scott, Henry Stuart Carter, of Chicago, and Sallie A., daughter of Dr. J. H. McQuillen, of Philadelphia.

GEDDES—MORRISON.—In Keene, N. H., January 9th, by Rev. G. W. Brown, W. Geddes, M. D., and Loretta Morrison.

LAYMAN—SEARLE.—On the 9th ultimo, at the residence of G. H. Danforth, Esq., Madison, N. J., by the Rev. J. R. Danforth, Dr. Alfred Layman and Mrs. Evelyn Searle, all of Philadelphia.

NEWLIN—NEIDHARD.—On the 25th ultimo, by His Grace, the Archbishop of Philadelphia, James W. M. Newlin and Alise T., daughter of Dr. Charles Neidhard.

OWENS—MACKALE.—In Cincinnati, O., at the Cathedral, January 18th, 1877, by the Very Reverend Edward Purcell, Vicar General, Dr. Thomas Owens, U. S. Navy, and Louise Mackale, of Washington, D. C.

DEATHS.

BOWEN.—On the 20th ultimo, Hattie A., wife of George W. Bowen, M. D., of Olney, Twenty-second Ward, Philadelphia.

FITCH.—Dr. Almiron Fitch, an eminent physician and surgeon, died in Delhi, Delaware County, New York, on Wednesday, January 10th, 1877, in the seventy-sixth year of his age. He practiced medicine in that county for over fifty years.

GRAFF.—In Cincinnati, Ohio, suddenly, Tuesday morning, January 9th, of congestion of the brain, Dr. Milton B. Graff, aged thirty-five years.

KENDRICK.—Suddenly, on Thursday, the 25th ultimo, at No. 7 West Twenty-fifth street, Elizabeth Frances, wife of Dr. T. C. Kendrick, and only daughter of the late Hugh Riley, of Boston, Mass.

LAW.—At his residence, Loveland, Ohio, Friday, January 12th, 1877, at 3 o'clock P. M., Dr. John S. Law, in the seventy-seventh year of his age.

ORR.—Dr. John Orr, born in the year 1806, January 24th, died suddenly at his residence in Alexandria, Ky., January 1st, 1877.

SCULL.—In Waldron, Indiana, December 31st, 1876, Sarah E., wife of Dr. D. C. Scull, of consumption, in the thirty-sixth year of her age.

STEARNS.—At his residence, St. Marys, Auglaize County, Ohio, Dr. R. W. Stearns, January 5th, at 3 o'clock P. M., of cancer of the stomach, after a long and painful illness, aged sixty-eight years.

THE

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Original Department.

Communications.

A CLINICAL STUDY OF THE MORE FREQUENTLY OCCURRING FORMS OF CONJUNCTIVAL DISEASE.

BY S. D. RISLEY, M. D.,

Chief of the Dispensary for Eye Disease, at the Hospital of the University of Pennsylvania.

(Read before the Philadelphia County Medical Society, December 27, 1876.)

Mr. President and gentlemen—In calling your attention to a clinical study of conjunctival disease, I have been governed more by what I conceived would be your wish than by my own choice. Indeed, I have felt not a little hesitancy in consuming an evening of your time, fearing that any topic selected from my limited field of study might prove irksome to the members of a society composed so largely of gentlemen laboring in the wider field of general medicine and surgery. I trust, however, that any study of disease, however limited in its area, may not prove uninteresting to a company of physicians. Other and rarer forms of eye disease would have presented more vivid attraction as subject for pure scientific research; for to till the old acres is ever a homely task, while brilliancy and renown are the crown awarded to him who, for the first time, lays the boundaries to the hitherto unknown.

In point of importance, however, no form of eye disease can justly claim a larger share of attention than the affections of the conjunctiva. Highly organized, it seems peculiarly disposed to diseased action. Sustaining intimate and very important relations to the precious organ of sight, it is entitled to a careful guardianship. Its diseases are, for the most part, extremely simple in the beginning, but behind them lurks serious danger, and every physician should stand ready to avert or meet it. A very large proportion of the blind people occupying our asylums, or begging a precarious living on the streets, are blind as the result of conjunctival inflammation. Any one who sees large numbers of eye patients will recall the many hopeless cases, who, led by faithful friends, go the round of consulting rooms in city after city, in the vain hope that their opaque corneæ may once more be made transparent; the opacity being the result of inflammatory processes, set up in many cases by the rasping of chronically inflamed and neglected conjunctiva.

The result is but one end of a chain, the various links in which it is my purpose to supply. It is a reflection which I feel fully justified in making, that many of these people are needlessly blind; either as the result of sheer neglect, or of a domestic treatment worse than neglect. The proverb has it, "A blind man is a poor man." Certainly the blind are usually non-productive members of society, so that, as conservators of the public weal, it is fitting that our profession, as far as possible, should prevent the one and discourage the other.

It repeatedly occurs that an eye with simple conjunctival catarrh, which, if protected from irritants, would have recovered, without treatment, in a few hours, is allowed to run on, exposed to tobacco smoke, in a close room, or to the steam of the laundry or kitchen, or the dust and heat of the carding room or foundry, until

the simple hyperæmia which at first existed, with increased discharge of mucus, has passed into a more or less violent inflammation, with purulent discharge, swelling of the conjunctiva, interruption of corneal nutriment, and consequent necrosis or ulceration, before the advice of a physician is sought. Under judicious treatment the inflammation is arrested, but its pernicious effects are seen in the opaque cornea and sightless balls, or, at best, with only sufficient vision remaining to admit of only the coarsest employment ever after.

This neglect of all treatment is not so frequent, however, as the almost universally bad domestic treatment. It is more dangerous, too, for the reason that all classes, low and high, have, in their domestic *vade mecum*, a series of vaunted panaceas for "sore eyes."

However judiciously the so-called "simple remedies" of the domestic pharmacopœia may be applied in other branches of medicine, they are sure to be the worst possible thing for a sore eye. I have many times seen a strumous child, with phlyctenular ophthalmia, confined day after day, until the days pass into weeks, in a dark room, because it dreaded the light; with its eyes poulticed with various things, with the most commendable perseverance; and all meat denied—because it was "scrofulous."

After the list of panaceas has been exhausted, the physician's advice is sought for. The lids are found swollen and œdematous; a catarrh of the conjunctiva, the result of the poulticing, fomentations, etc., has been added to the true phlyctenular disease; ulcers are seen on the cornea, and it is fortunate if perforation and entanglement of the iris has not already taken place.

The ingenuity displayed in devising or hunting up a variety of substances with which to poultice and dose the eyes would be subject for amusement, were its effects not so pernicious. I have noted the following in the dispensary case book: wet cloths, wet bread crust, tea leaves, alum-curd, lungs of the sheep, raw beef, a raw oyster, a chicken's gizzard, "chamber lye" (urine), milk, molasses, *et hoc genus omne*. These incongruous substances are poured into or bound over the eyes, each with reputed specific virtues, and each regarded as "a harmless, simple remedy." Now, if either of these were applied, for twenty-four hours, to a perfectly healthy eye, I venture the assertion that it will take forty-eight hours to recover from its pernicious effect. If this is true of a healthy eye, how much worse will be its influence applied to the already injected conjunctiva, especially of a strumous child, still surrounded by the bad influences which have made it such, I need not even intimate.

Some of these practices, like most of the domestic practice of to day, have, doubtless, become domesticated through the professional recommendations in years long passed. A steady professional discouragement of them will now go far to avert the distress growing out of these ill-advised legacies of our medical fathers.

The very great frequency with which conjunctival maladies occur is sufficient reason for their careful study. Analysis of my private case book shows that 17 per cent. of the whole number of eye cases applying for treatment came for relief from their conjunctival symptoms. At the Eye Dispensary of the University Hospital, under the care of Prof. Wm. F. Norris and myself, a careful analysis of the last 2000 cases showed that 27.65 per cent. applied for relief from conjunctival disease. A careful study of these cases and the results of their treatment, have fully justified the principles upon which the treatment was based, and which had quite unconsciously crept into practice. A painstaking clinical study of the cases, as they applied, and their subsequent analysis, has led to the opinion that all of the more frequently occurring forms of conjunctival disease form themselves into three groups—*catarrhal*, *strumous* and *symptomatic;* that they are essentially different forms of disease, as declared in their etiology, character, and the treatment required for their cure; that differential diagnosis is possible and important. My effort in this paper will be to justify this classification.

In the *first group—the catarrhal*—are included all those cases which, in consequence of exposure to cold or irritants, commence with hyperæmia of the conjunctiva and increased flow of mucus; and may pass with more or less rapidity into inflammation, manifesting at different stages all its varied phenomena. Under this group belong the catarrhal, the purulent, the gonorrhœal, and granular opthalmiæ of writers, also opthalmia of new-born children, and chronic granulations.

These are all, in their etiology and essential characters, the same disease. Whatever may

be their cause, whether it is exposure to cold and wet or dust, or from gonorrhœal pus, or leucorrhœal discharge, they are liable to pursue the same pathological history, and for their successful treatment require the same class of remedial applications.

If we are to accept the statements of patients, *taking cold* is a very frequent cause of catarrhal conjunctivitis. A young man, with his vital powers depressed, after an arduous day, falls asleep in a draught of air, possibly sitting upon the marble step at his home. He awakes with an uncomfortable sensation in one or both eyes. If he now seeks his bed, and comfortably disposes of himself, he may see no trace in the morning of his red eye of the evening before, other than a slight adhesion of the lids by inspissated mucus. It may not, however, run so favorable a course. The hyperæmia and dryness of the conjunctiva, which had, at first, made it grate unpleasantly over the ball, and was subsequently followed by increased discharge of mucus, has gone further. The epithelium of the conjunctiva has grown turbid, and soon becomes swollen and opaque, so that the meibomian glands, ordinarily seen through the transparent tarsal conjunctiva, are hidden from view. The eye feels as though there were a foreign body under the lids, and it often requires some persuasion to convince the individual that such is not the case. Left to itself, or worse, poulticed after one of the approved methods already enumerated, the conjunctiva loses all its normal features. The tarsal portion, in place of the smooth, transparent, vascular membrane, is now a bright red, threatening a brownish if the grade of inflammatory action is high, and it presents a velvety appearance, which, as the retro-tarsal portion is reached, is changed into successive rows of enlarged papillæ, which roll out into view as the lids are everted. The bulbar conjunctiva has become intensely red, and may be opaque, but often, when closely inspected, gives an appearance as though infiltrated with a semi-opaque gelatinous material, and is slightly œdematous or swollen, so that, encircling the limbus of the cornea, is discovered a ridge, elevated above the corneal margin. The mucus discharge has been replaced by a profuse purulent discharge. The case now would no longer pass muster, in the books, under catarrhal conjunctivitis, but is put down as purulent ophthalmia.

The cornea, receiving its nutriment from the loops of blood vessels which terminate at its border, soon begins to suffer in its nutrition from pressure on this supply, both by the swollen tissues through which the vessels pass, and by the swollen conjunctiva in the retro-tarsal fold and on the tarsi. It becomes slightly opalescent, which rapidly deepens into complete opacity, and finally necrosis. Such, in brief, is the course which any catarrh of the conjunctiva may pursue. Under the most approved methods of treatment, it is often subdued, only to settle down into chronic granular lids, which will take many months to get well; it may be with the tarsal cartilages distorted, and the eye useless, because of its opaque cornea.

It has run its course without any marked dread of light, or pain, until the cornea became involved. If the attack has been due to some irritant, the likeness to the above sketch will depend largely upon the character of the irritant applied. Gonorrhœal matter, from a patient suffering with the disease at its height, will rapidly pass into a purulent form of inflammation, so virulent in its type, that unless treated vigorously and well, will destroy the eye in twenty four or thirty-six hours; while a young man suffering from gleet, although in bad health, recovered from an attack of conjunctivitis, produced by the accidental application of the urethral discharge to the cul-de-sac of his conjunctiva, in one week, the discharge never having become purulent. So in ophthalmia neonatorum. If birth take place while the mother has an active attack of gonorrhœa, the grade of inflammation in the child's eyes, produced by the vaginal discharge, will be more virulent than if produced from simple want of cleanliness upon the part of the woman, or by a leucorrhœal discharge. The kind of irritants upon which catarrhs depend are very numerous. I have often had a slight catarrh after exposure to dust, and once an attack caused by the nitrous acid fumes in the chemical laboratory.

An old gentleman under my care had a severe attack, caused by dusting calomel into his eye, while, without my knowledge, he was taking potassium iodide for his rheumatism. Washerwomen exposed to the fumes from the wash-tub, cooks, and coal heavers, have been, in my experience, especially liable to catarrhal conjunctivitis, but in these running a more insidious and protracted course. The

daily constant application of the irritant leads slowly through much the same list of changes which occurs rapidly under other circumstances. The lids become granular, however, and under their incessant rasping the cornea becomes vascular and infiltrated, usually at its upper part, where it is subjected to the frequent movements of the upper lid.

The treatment which in my hands has proved most satisfactory in this group of catarrhs has been by the most painstaking use of the milder mineral astringents, except in the most virulent cases, where the cornea is rapidly endangered. In these the careful use of caustics and application of dry cold have been added to the astringent treatment, together with the instillation of a solution of sulphate of atropia. The caustic which I deem quite sufficient, however, in the most urgent case, is the mitigated stick of silver nitrate, one-third of the silver salt being fused with two thirds of potassium nitrate.

One other exception needs especial mention, viz., the old cases of granular lids. which have gone the rounds of various consulting rooms, which are either the dregs of an acute purulent ophthalmia, or have grown up under the daily application of dust or other irritants. In these cases I have been better satisfied with a twenty per cent. solution of carbolic acid in glycerine than with the silver stick, or the much used and abused crayon of sulphate of copper, which is, when judiciously used, among the most efficient remedies in chronic granulations. I have already, on this floor, alluded to the relative change of temperature caused by different caustic applications to the eye-lids. Carbolic acid. it was found, caused a greater and more rapid elevation of temperature than either nitrate of silver or sulphate of copper.

To be Continued.

CLINICAL STUDIES OF INEBRIETY.

BY. T. D. CROTHERS, M. D.,

Assistant Physician, New York State Inebriate Asylum, Binghamton, N. Y.

Cases that Give Prominent Premonitory Symptoms of Inebriety.

We are constantly receiving a class of cases whose early history gives marked indications of inebriety. They are usually distinguished by light hair and eyes, and thin skin, with finely moulded frame, and often of ruddy countenance, and great mental activity; frequently, very sensitive, with a nervous organization that barometrically reflects all conditions of circumstances and surroundings. Mentally they are extremists, carried away with the excitement of the hour, and always the first converts to the strange and marvelous. They are usually leaders of the social circle, and of religious and political movements, and foremost in all centres of excitement. Their whole nature seems to demand conditions of activity, as if to escape from quiet and solitude. From the earliest period, such an organization is stimulated by books, amusements, and changing conditions, until the nervous system is developed far in advance of the physical. The men of genius, and the great workers of the world often come from this class.

This peculiar class is a product of the age, and grows out of the circumstances of life, influenced by steam and electricity. Such men choose occupations of great activity and excitement, such as speculating, banking, railroading, and mining, etc., with the amusements of horse-racing, gambling, and theatres. Another class becomes politicians, lawyers, reformers, and leaders of every new enterprise. Dyspepsia comes on early in life, and headaches, with depression, follow every excitement. Sleep is fitful; the appetite is changeable; the bowels become torpid; and exhaustion is often followed by a slight fever, lasting a day or two. This condition may go on from bad to worse, or continue, without much change, for a long time. The influence of the mind over the body becomes more marked, and the losses and gains in business are apparent in the changing conditions of health. Such men are frequently very temperate and emphatic in their denunciation of inebriety. As they grow older, these symptoms are more positive, and exhaustion more intense; alcohol, in any form, at this time, like a spark, kindles a craving for stimulants that is almost uncontrollable. The complications and degenerations are increased from the effects of alcohol on the debilitated system, and the long prodromic stage explodes in inebriety, with great certainty. The case is then recognized; the victim finds himself under the control of an irresistible desire, following and accompanying exhaustion. To himself and friends this is mysterious, and is usually ascribed to bad company, circumstances and surroundings. If he seeks to break up this disorder, the pledge is signed; later, a change of business and loca-

tion; these failing, a long sea-voyage, and travel in a foreign land; trying all the vaunted remedies and methods of cure at watering places; but all without avail. The inebriety continues, and with it come nervous restlessness and tremblings, conditions of hyperæmia of the brain; the mind becomes morbid; the memory weak, and sensations perverted; and the depression deepens into feelings of despair, whose only relief is alcohol, or its compounds. The exaltation following the use of alcohol seemingly restores the normal activities, and sets the patient free again. The following cases illustrate this type of inebriety:—

Case 1.—O B.; born of healthy parents; mother a nervous, hysterical woman; was placed early at school, to be educated for the ministry. In appearance he was slender; of light hair and complexion; and of highly nervous, excitable organization. At twelve he was dyspeptic, and suffered from periods of depression, following excitement and overwork. These periods were often followed by a slight fever, lasting a few days, for which he was treated in various ways, by many physicians, without benefit. At fifteen he was taken from college, and placed in his father's counting-room for a year, hoping to regain his strength; no benefit following, he was sent to the far West, as a shipping clerk in a large house. At this time he was impulsive, and often carried away by buoyancy and hope, or depressed and gloomy. The failure of this house, and a change of all his prospects, threw him into a nervous fever, for relief from which he drank. A year later, the death of a lady to whom he was engaged precipitated his drinking to intoxication. For the next five years his life was a succession of unfortunate enterprises, followed by immoderate drinking.

Every period of excitement and sudden change of circumstances brought on intolerable cravings for liquor, which he could not resist. When admitted to the asylum, his general health was good, the dyspepsia had disappeared and he was able to sleep well at night, unless excited. Periods of great restlessness and anxiety about imaginary business followed in rapid succession every day; exalted conceptions of his strength and ability to reform himself were present, and his appetite was ravenous.

Notes.—This is a typical case, and clearly indicates a combination of early obscure tendencies and symptoms, which, had they been recognized and promptly treated, might have averted the disorder. Removal to the country earlier, and freedom from nervous excitement, would have produced an entire change in his organization and final recovery.

Case 2.—W. N.; both parents healthy. During early life he was petted, and had all that wealth could procure, and every wish gratified. At twelve he became a great admirer of theatres and novel reading, and passionately fond of excitement. His parents sent him to Europe, where he spent two years, traveling and visiting, under the care of a tutor. When fifteen years of age he suffered from a low nervous fever, caused by the excitement of witnessing a railroad collision. From this time he frequently complained of headaches and depressions following nervous excitement. Becoming a partner with his father in the clothing business, he exhibited a very sensitive, excitable disposition, continually trying new methods and ways of business, with boundless hope, and when failing, suffering from abject depression. He was leader of the social circle, and the centre of all excitement and activity; as member of many societies, and foreman of an engine company, he was the most enterprising, model man of the place. Up to this time he was perfectly temperate and in good health, except frequent depression and headache following excitement. After severe exposure at a fire he was persuaded to drink, and all his ill feelings vanished. From this time an intolerable craving for stimulants began. Six years of unsuccessful effort to break up this disorder ended in his commitment to the asylum, by his friends, a confirmed inebriate. His health was much impaired, and his mind suffered from delusions of grandeur. In appearance he was slim, of light complexion, and of great nervous activity.

Notes.—This case presents similar earlier symptoms of an inebriate diathesis, which, under different circumstances, might have been easily controlled. The continual over stimulation of the nervous system reacted, naturally, into inebriety.

Case 3.—H. C. Both parents died in his infancy. He was brought up by an uncle, a broker, and at the age of twelve was placed in the office, as errand boy. Being of a very quick, active mind, he was a favorite, and kept in a whirl of exciting work, stimulated by gifts and

increased pay. At fifteen he was given a responsible position, with greater excitement and labor. He complained at this time of sleepless nights, headaches, depressions, and partial loss of appetite. His uncle failing, he accepted a position in a banking house. A year later he resigned, giving as a reason, the continual depression and headaches which followed from the quietness and monotony of the work. As a clerk in an auction house these symptoms vanished. Finally he became a postal clerk on the railroad, and suffered from dyspepsia and the old feeling of depression and headaches at night, when through with work. He drank liquor, for the first, at this time, and the effect was marvelous. Three years later he was sent to the asylum as an inebriate. He was much reduced in flesh, his mind full of delusions, and dread of quietness. Personally, he was a spare-built, energetic man, with a dashing, nervous manner.

Notes.—Inebriety followed in this case naturally. All the surroundings encouraged a nervous diathesis, whose symptoms were apparent long before they developed inebriety.

Case 4.—A.; father a drinking man; mother a nervous, hysterical woman. He exhibited early an erratic, nervous disposition, with great mental activity and love of excitement. Through college he was, alternately, either at the head or foot of his class. Admitted to the bar, he was, at times, brilliant and buoyed up with hope, or dull and despondent. On these occasions of depression he suffered from nervous headaches and slight fever, often preceded and followed by dyspepsia. He was a very energetic and active man, and the leader of all new enterprises and movements, and an emphatic temperance man. Acquiring some local distinction, he was advised to seek a wider sphere in New York city. The excitements and labor, in this new field, reacted soon, in resort to stimulants. The usual methods and efforts to save himself were without avail, and four years later he was sent, by the county, as a confirmed inebriate. After one year's residence in the asylum, he returned to New York, and died, after the first relapse, a year later.

Notes.—Had these early symptoms been recognized by his physician, and a change of occupation and surroundings recommended, with freedom from excitement, he might have enjoyed a long, useful life.

Case 5.—A prominent gentleman brought his son here for consultation, in relation to an almost insane desire for stimulants after every period of excitement or exhaustion. Both parents were healthy, and the young man had been highly educated, graduating with honor at Yale College. Nothing unusual had been noticed during his college days, except frequent depression and headaches, from overwork. He was in good health, with a strong marked nervous diathesis, and passionately fond of excitement. After graduating, he entered his father's law office, and after a protracted trial, at which he assisted, drank to intoxication, for the first time in his life. From this time the craving for stimulants followed every occasion of exhaustion. He tried every means to escape from this desire, locking himself up, or hiring attendants to watch him, using medicines, and undergoing active treatment, without avail. The taste of liquor was unpleasant, but the cravings for it were almost intolerable, and unless satisfied, continued from four to eight days. He remained three months in the asylum, then went out to a quiet farm house, under a careful attendant, and will eventually recover.

TREATMENT OF SEBACEOUS TUMORS BY INJECTION OF TINCTURE OF IODINE.

BY B. F. HAMILTON, M. D.,
Of Emlenton, Pa.

It is not claimed that there is anything original in the idea of injecting stimulating substances into foreign growths to cause absorption, but I have not seen this mode of treatment specially recommended in this class of tumors. I was led to adopt it in the case of a large encysted tumor just below the parotid gland, which dipped down in dangerous proximity to the external carotid artery. The subject, a pale-faced young man, of decidedly scrofulous diathesis, was very adverse to any surgical procedure, and very much afraid of having his visage marred by an unsightly scar. I decided on the following course: Taking a sharp pointed bistoury, I punctured the tumor sufficiently to allow the escape of the contents, which were entirely pressed out; taking a half-ounce hard-rubber syringe, with a somewhat bulbous point, I filled it with strong tincture of iodine; I introduced this into the opening, drawing the integument closely around the nozzle, to prevent the escape of any of the fluid, forcibly injecting this into the sack, until it assumed almost its original dimensions. I let it remain

for about five minutes, then allowed it to escape on a sponge. I closed the wound with a piece of adhesive plaster, and directed the patient to call in a week, or sooner, if troublesome symptoms ensued. In a week he returned, saying he had not suffered the slightest inconvenience. I removed the plaster and opened up the wound with the blunt end of a probe, when about two drachms of pus, of a dirty brown color, escaped, also, a small quantity of white sebaceous matter. I was convinced that the secreting property of the cyst was not entirely destroyed; I repeated the injection and directions as before. In a week he returned, stating that he had not suffered from pain or soreness in the region of the tumor; on removing the dressing, as before, a small quantity of brownish pus escaped, but no sebaceous matter; there was no evidence of inflammation or tenderness outside the former area of the tumor.

I dismissed the case. This was two years ago. I have seen the young man frequently; not the slightest vestige of the tumor remains, or a perceptible scar. Since this time I have removed five other tumors, in various situations, by the same process, and with equally gratifying results, and not a single failure; in three of the cases but one injection each was used. In no case was there any inconvenience, or suffering, or evidence of inflammation beyond the cyst wall, which seems to set up an inseparable barrier to the inflammatory process.

The points of importance in applying this treatment are as follows.

1. Make the puncture no larger than is necessary to allow the escape of the contents of the tumor, and the admission of the nozzle of the syringe.

2. Empty the cyst of its entire contents.

3. Distend the sack as much as possible, moving the point of the syringe in different directions, so as to bring the fluid in contact with every portion of the cyst wall.

4. See that no sebaceous matter remains, indicating that a portion of the cyst, at least, retains its vitality.

Of course this method is not recommended as a substitute for excision in all cases. But in strumous subjects, and in exposed localities, where it is desirable to avoid a scar, it possesses many advantages; also in constitutions predisposed to erysipelas, it obviates any danger from that source, a desideratum of no small importance.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

CLINIC OF PROF. WILLIAM GOODELL, M. D.

Reported for the Medical and Surgical Reporter.

A Case of Ovariotomy.

Three weeks ago to-day I brought this woman here, in order to show you how to make an examination for a suspected ovarian cyst, and how to distinguish such a cyst from other tumors, and from other fluid collections in the abdominal cavity. She then was thin and haggard, and with a peculiarly pinched and anxious expression of the face—an expression which, although not easy to describe, is not soon forgotten, and is so characteristic of this trouble as to be called the "facies ovariana." I neglected, at that time, to point out to you the significance of a well marked beard, which graces her chin and upper lip, but of which she is by no means proud. Such a growth of hair on the face of a woman before the climacteric, commonly means ovarian mischief; after the climacteric, ovarian atrophy.

I should like much to have removed the tumor in your presence, and to that end I consulted my colleagues. The woman's life was, of course, the first consideration, and we thought it hazardous to open the abdominal cavity, and expose so delicate a membrane as the peritoneum to the cold draughts of this amphitheatre, and to an atmosphere fouled by the breath of several hundred students just come from feverwards and dissecting rooms. True, I might have operated under the spray, as some German surgeons have of late been doing. But their success with this agent has not yet been good enough to tempt me to its use.

So, three weeks ago, to-morrow, this patient was removed, even from the female surgical ward, and put by herself, with her nurse, in a private room, which the managers generously put at my disposal, free of charge. Other precautions were also taken. For instance, the room was carefully cleansed and ventilated. It was next subjected, for many hours, to a carbolized spray, and to the vapor arising from a stronger solution of the same acid kept boiling in a dish on the stove. Then, again, Dr. Hull, who was to have the after-care of the patient, took a soap bath that morning, and put on a clean suit of clothes. I did the same thing. The other resident physician, who happened, very unfortunately, to have a number of fever cases in his wards, was, much to his regret, not allowed to be present at the operation.

After making a short reconnoitering incision through the *linea alba*, I found some parietal adhesions, and the omentum glued to the tumor. More working room was, therefore, needed, and the wound was accordingly enlarged up to the umbilicus. When these adhesions were sundered, the cyst was tapped, and emptied of about half of a washtubful of a

thick and opaque fluid, such as this bottle holds. The empty cyst, which I now show you, was next pulled out, hand over hand, through the incision. It turned out to be the left ovary, and had a very short and broad attachment to the womb. So short, indeed, was this pedicle, that, when it was clamped and severed, the fundus of the womb lay in contact with the lower angle of the wound, and a portion of the cyst was also cut off, leaving, as you see, this large round opening in it. The shortness of the pedicle explains this deep, funnel-shaped depression in the belly. For the left cornu of the womb, together with the stump of the corresponding Fallopian tube, being now vitally fastened to the abdominal wall at this point, drag it back toward the spine. Should the Fallopian tube stay open, as it does, sometimes, for several months, blood will escape from the cicatrix at every menstrual period. Of this she has been forewarned.

As the delicate omental apron had been pretty roughly handled during the operation, it was brought out of the abdominal cavity, and gently laid on a clean napkin. Several bleeding vessels were closed by torsion, and three more by carbolized gut. These ligatures were cut off close to the knot, and the omentum was then returned and spread out over the intestines. My patient's beard had led me to anticipate trouble in both ovaries; but upon examination, the right one proved sound. For drainage, one end of a long and narrow strip of muslin was now pushed down into Douglas's pouch, and the other end brought out at the lower angle of the incision. The wound was next closed up, and that by silver sutures passed through the whole thickness of the abdominal wall. The object in view was to bring together two long, ribbon-like surfaces of peritoneum, and thus to gain the quick adhesive action of a serous membrane. The wound was dressed by a pledget of lint dipped in carbolized oil. The hollow left in the belly wall by the removal of so large a foreign body was filled up with a roll of cotton-wool, and over all an elastic flannel binder was pinned.

Considering the magnitude of the operation and the importance of the organs involved, the after-history of the case is ridiculously good, as tame, in fact, as if a small sebaceous tumor on the scalp had been punctured and its contents squeezed out. On the evening of that day her pulse quickened to 88 beats, and her temperature rose to 101°. The next morning the former noted 96 to the minute, and the latter 100°. On the third day her pulse fell to 86 beats, and the body-heat to 98.8°. From that time on there were variations in pulse and temperature, but never above these last two notations. On the sixth day the stitches were removed, and on the seventh the drainage tent was withdrawn. The wound received, under the spray, two daily dressings of carbolized oil. All along the woman's diet had consisted of milk—and of not much of it—but now she was allowed to have broths, eggs, and buttered toast. As the clamp seemed indisposed to come away, and had begun to abrade the skin, it was, on the eighteenth day, snipped off. In its removal a nerve of some size must have been cut, for she suffered a momentary pang of exquisite pain. The depression in the belly then became still more funnel-shaped, and yesterday an overlooked stitch was felt lying deeply at the bottom. It was removed with no little difficulty. As you see, our patient has lost all traces of that woe-begone expression. Daily gaining in weight and strength, she will, in a very few days, leave us, for home.

Case of Obstructive Dysmenorrhœa.

Cystic degeneration of the ovaries is comparatively a rare disease, and few of you will be called upon to perform the operation of ovariotomy; but our next patient is afflicted by a disorder so commonly met with, that I bespeak your earnest attention. Ever since the age of puberty, this young, unmarried woman has suffered from painful menstruation. Growing worse every month, she is now obliged to give up all work, and take to her bed for two or three days out of every four weeks. Since she depends upon her own exertions for a livelihood, these periodic attacks of pain and of confinement sorely cripple her. So great have been her sufferings, that, without a word, she consented to take ether, and to undergo any operation that would promise a cure.

You will find, in your text-books, that different causes are assigned for this trouble. For instance, there is obstructive dysmenorrhœa, and there are congestive, rheumatic, neuralgic and membranous dysmenorrhœas. The treatment varies, of course, with the cause, and it is our business to search that out. But let me tell you that this is often easier said than done, and we are forced, sometimes, to treat our patients empirically, that is to say, by a round-about, common-sense empiricism.

Our patient came here for the first time, to-day, and a few minutes before my lecture hour. There was no time for an examination, and but little for even a hurried history of her trouble. Yet I will venture to predict that her dysmenorrhœa is a mechanical one, and owing mainly to an anteflexion of the womb. Let us see whether I am right. The hymen is intact, and the examination will break it, unless great gentleness be used. The first examination of an unmarried woman should, therefore, as a rule, be made under ether. But as some patients refuse to take it, and it is not always convenient to give it, I shall act as if this girl were not unconscious. The index finger of my left hand is first slowly introduced, and with it I feel a hard, round body, through the roof of the vagina. It is now withdrawn, and the tips of two well-greased fingers are next made to enter. Little by little, with intervals of rest, they are coaxed up to the second joint. The hymen has now been stretched enough to admit my base-opening speculum. The blades are slowly screwed apart, until the edge of the

cervix uteri just appears above the tip of the lower blade. To avoid the pain of any further distention of the parts, for I am now supposing her to be conscious, I hook up the cervix with a tenaculum, and bring an eroded os into full view. This has been done without injury to the hymen, but it does not always so escape. Nor should its integrity stand in the way of treatment.

The sound cannot at first be made to pass up, but, by bending it sharply, and by holding the cervix steady with the tenaculum, I finally, with some force, get it in. My off-hand diagnosis is right. The womb is bent double, and the hard body felt through the anterior wall of the vagina is the fundus lying on the bladder. But in addition to this anteflexion, there is a narrowing of the cervical canal. Now how did I foretell this condition? Was it merely a lucky guess? Not at all; the history of the patient gave me the clue. In the first place she is unmarried, and my past experience has taught me that, in virgins, and in sterile married women, uterine displacements are usually an exaggeration of the slight anteflexion which naturally exists. In the second place, she had told me that her menstrual secretions escape in exquisitely painful gushes, followed by short lulls. Such a history means, in nine cases out of ten, a flexion of the womb. In other words, the menstrual fluid, imprisoned by the bend in the cervical canal, goes on accumulating, until, by distention, the womb is straightened, and the obstruction overcome. Now, by putting this and that together, I was led to anticipate a forward displacement of the womb. But anteflexion, although the rule in nulliparæ, is not always the displacement. Last year, in an analogous case, I boldly announced an off hand diagnosis of anteflexion, and had to eat humble pie, for the womb turned out to be bent backward. Whenever the woman has borne children, there is no telling beforehand what the cause of the dysmenorrhœa may be, but it usually is retroflexion.

The question of cause having been determined, that of treatment next comes up. Were the symptoms less exacting, and the calibre of the cervical canal of a natural size, I should limit my treatment to topical applications, and to the introduction of a pessary. And one of the best for this purpose would be, as I have often shown you, an unmodified closed-lever pessary, introduced wrong end foremost * But common sense—and that is the deity whose aid we must invoke—tells us that in this case the uterine canal needs to be widened, as well as to be straightened. Rapid dilatation compasses both these ends. Steadying the cervix with the tenaculum, I pass into the os uteri, as far as they will go, the closed blades of my uterine dilator. Upon my gently stretching open that portion of the canal they occupy, the stricture above so yields that, when again closed, the blades pass up still higher. Thus, little by little, they now have tunneled their way past the os internum, and into the uterine cavity. The handles are next forced together, and the divergence of the blades both straightens and widens the canal. If this operation be performed under ether so as to be thoroughly done, and with a powerful dilator, the blades of which do not feather, the cervical canal will hardly ever return to the same degree of flexion, or of contraction, as previously existed Occasionally a second dilatation will be needed; sometimes, indeed, but very rarely, the incision of the canal. This operation of rapid dilatation looks like rough handling of so delicate an organ as the womb, but only once have I seen any ill effects follow it. In this case a smart pelvic peritonitis was set up, but it promptly yielded to appropriate remedies.

* See this Journal, October 3d, 1874, p. 262.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY, DECEMBER 26th, 1876.

Dermoid Cyst—Vesico-Intestinal Fistula—Stricture of Rectum—Lumbar Colotomy.

Dr. Weir presented a specimen of tumor, taken from a young girl aged twenty-seven, presumed to be a virgin. It was supposed, at first, to be an ovarian cyst, but after a closer examination was supposed to be an ovarian pregnancy or a dermoid cyst. In the substance of the tumor hardened masses could be felt, supposed to be bone. The uterus was not enlarged.

Dr. Weir exhibited another specimen, showing a vesico-intestinal fistula. A man aged forty-three years, an ice-man by occupation, stated that he had enjoyed good health, with the exception of a cough, from which he had suffered for a number of years past. Last June he had first complained of pain on micturition. On August 1st he had noticed that his urine was of a brown color and had a fecal odor. The patient still complained of pain on micturition when seen, and would suffer from retention of urine at intervals.

In endeavoring to find a cause for his disease the Doctor had elicited the following facts from the patient:—In 1863, while he was climbing a ladder, he suddenly fell, and injured his perineum. After this accident an operation had been performed by the late Dr. Krackowitzer. He had then been instructed to pass an instrument into his urethra, at stated intervals, which he had at first complied with, but had subsequently neglected. Dr. Weir, therefore, thought that the cause might have been traumatic. On making a rectal examination, nothing could be clearly detected. Nine years ago Dr. Krackowitzer had presented before this Society a specimen, showing the existence of a communication between the appendix-vermiformis and the bladder. The lateral operation for stone had

been performed. In order to arrive at a diagnosis, Dr. Krackowitzer had injected ink into the bladder.

Dr. Weir had consequently placed his patient under the influence of ether, and had injected three pints of milk into the bladder; he had then introduced a speculum into the rectum, hoping to see the fluid flow out therefrom. In this the doctor had been disappointed. However, on introducing a Ferguson rectal speculum, he had discovered a stricture (probably of the upper part) of the rectum, and had then injected milk into the bladder, and, on having the patient make an expulsive effort, it had readily flowed out through the rectum. The operation of lumbar colotomy had been performed on the 30th of last August. One difficulty which had attended the operation was the imperfect distention of the colon with air; the upper part of the kidney was, therefore, more relied upon as a guide in the performance of the operation. The patient had died a week before this report.

Autopsy.—The small intestines were found agglutinated together. An opening was found into the posterior wall of the bladder, communicating with the rectum, which admitted the passage of the index finger.

Dr. Weir here remarked that he had been struck by the fact that the occurrence of these vesico-rectal fistulæ were attended by no pain.

Dr. Mason remarked that this was the seventh case reported in which lumbar colotomy had been performed for the relief of this disease. The relief given by the operation had been immediate in every case.

Morbus Coxæ—Exsection.

Dr. J. Lewis Sayre presented three specimens of hip-joint disease.

Case 1.—R. N. P., aged seven, in 1873, while riding a velocipede up a steep bank, fell, injuring his left hip. From that period until 1875 the patient had been treated constitutionally, and his hip had been blistered repeatedly. He was first seen in September 1875. The left limb was then adducted, and there was an abscess over the hip-joint. Extension and division of the tendons had been practiced, resulting in the temporary improvement of the patient's condition. Three weeks ago a consultation had been held with Dr. Post, who had advised exsection. The operation had, consequently, been performed. The involucrum was so thick th t it became impossible to dislocate the limb. A -shaped incision into the involucrum had, therefore, been made, and the head of the bone then removed. The acetabulum was perforated. After the operation the patient had been placed in a wire cuirass. Since then the child had been rapidly gaining flesh.

The second specimen had been taken from a child who had died of phthisis. Some years ago this child had been brought to Dr. Sayre, by Dr. Jordan, for the purpose of exsection of the hip-joint. The operation had not been performed, but the extension treatment had been pursued, resulting in the patient's recovery. The ligamentum teres was found to have entirely disappeared.

The third specimen was taken from a boy who had been brought to Dr. Sayre for treatment three months ago. Extension had been practiced, and it was thought that the child would get well, but instead of that he got worse, and exsection had been performed at Bellevue Hospital on the day of this report. The trochanter and the head of the femur had been absorbed, and the latter was covered by a false membrane, which, in the Doctor's opinion, had been an attempt by nature to make a new joint.

Submucous Fibroid Tumor of Uterus.

Dr. Post presented a specimen of fibroid tumor of the uterus, which he had removed, by operation, from a woman aged thirty, an inmate of the Presbyterian Hospital. She stated that three years ago she had had a uterine tumor removed. On admission, a tumor was found protruding at the vulva, which was attached to the anterior lip of the cervix uteri. Traction upon it by means of the obstetric forceps was first tried, and had failed. A cord applied to the base of the tumor, and traction made upon it, had also met with the same result. After the above unsuccessful attempts, the temperature had reached 104° Fahr. The actual cautery was finally resorted to. An iron, at red heat, had been introduced into the tumor to the depth of four and a half inches, in different directions, until the growth had considerably diminished in size. Fragments of it were excised with scissors. The remainder of the tumor had then been grasped with strong clawed forceps, and its base divided by the ecraseur. Scarcely any hemorrhage had attended the operation. The patient had since done well. The tumor weighed over two pounds.

Perforating Ulcer of Appendix Vermiformis.

The president presented a specimen of perforation of the appendix vermiformis. On December 3d, 1876, a patient was taken sick with abdominal pain, more severe at the umbilicus. There was vomiting and constipation. The temperature was normal, the pulse accelerated, and the expression anxious. There was tenderness on pressure over the abdomen, but no swelling. Hypodermic injections of morphia were given, to relieve pain. The patient sank rapidly, and died on December 5th.

Autopsy.—The abdomen was distended with gas. The abdominal cavity contained fluid and fæces. The convolutions of the ileum were matted together. There was perforation of the cæcum, and a foreign body, resembling the pit of a plum, was found in the vermiform appendix.

The president remarked, that when the escape of fæces was small in quantity, an abscess only would probably be the result, but when large in quantity, peritonitis must eventually follow.

Dr. Satterthwaite said that he had made a

microscopic examination of the laryngeal tumor presented by Dr. Beverly Robinson at the meeting of November 8th, 1876, and had found it to be an epithelial cancer.

PROCEEDINGS OF THE MEDICAL SOCIETY OF HARFORD COUNTY, MARYLAND.

The stated meeting of the Medical Society of Harford county was held at Churchville, on Tuesday, November 14th, 1876. The chair was occupied by the President, Dr. W. W. Virdin.

A valuable paper on Renal Diseases, prepared by Dr. R. H. Milner, of Port Deposit, who was also present, was, by request of the author, read by Dr. Virdin. In the treatment of these diseases the paramount value of the microscope as a means of diagnosis was made manifest. There are many obscure cases of these diseases that could not be discovered without the aid of this valuable instrument.

By the aid of the microscope we can discover, and may *cure*, the disease before the appearance of the dropsy. Formerly, before the microscope was used in the detection of disease, dropsy was generally the first symptom that led physicians to suspect the existence of kidney disorders; and then, unfortunately, after its appearance, it was too late to effect a cure.

Dr. Iddings offered a motion, thanking Dr. Milner for his interesting and valuable paper, to which Dr. Forwood added the request that the author would allow the society the possession of the paper for publication, in connection with its proceedings, in the Philadelphia Medical and Surgical Reporter. Both motions were unanimously adopted.

Dr. Silver inquired if diseases of the kidneys were not more frequent at the present day than formerly.

Dr. Milner replied that such might be the fact, yet the frequency was possibly more apparent than real. Most probably, however, in former years many cases escaped observation which are now readily detected by the improved facilities with which we have been furnished by art and science.

Dr. Milner exhibited some interesting microscopical specimens, illustrating Bright's disease, and other maladies of the kidneys. One specimen represented a clear case of Bright's disease in a *rat*, which the Doctor had procured originally for another purpose. He was surprised to find this unlooked-for disease in this animal.

The President appointed Dr. Iddings to prepare a paper upon the subject of "Nephritic Colic," for consideration and discussion at the next regular meeting. The ordinary business of the Society having now been completed, the President remarked that at this stage of the Society's proceedings it became his painful duty to make the formal announcement of the recent demise of one of our most honored and zealous members, Dr. Thomas C. Hopkins, and suggested that proper action be taken in the premises.

Dr. Forwood moved that the President appoint a committee of three to prepare appropriate resolutions, expressive of the Society's loss. The President appointed Drs. Forwood, Finney and Silver as the committee. After a brief recess, the committee reported a series of resolutions, and sketches of the life and character, personal and professional, of the deceased, were made by Dr. W. Stump Forwood and Dr. Silver.

Editorial Department.

Periscope.

On Lister's Treatment of Wounds.

Dr. Lindpaintner, of Munich, says, in the *Zeitschrift für Chirurgie*, that through his own experience and observation of the results obtained in hospital practice from the application of Lister's dressings, he has been led to form a very high opinion of their efficacy and value. With regard to the duration of the treatment in cases of wounds and of surgical operations, there cannot, the author states, be the slightest doubt that this may be much shortened by the practice of the antiseptic method. This has been shown lately in the Munich hospital, by almost every case of amputation, resection, and large surgical wound. The apparent contradiction of this statement, indicated by the fact that of late the average duration of treatment in the surgical wards at Munich has been increased, is accounted for by the fact, that the very severe cases of injury which formerly soon became fatal, in consequence of acute pyæmia or gangrene, helped to make a short average duration; whereas, at the present time, the majority of such cases recover under antiseptic treatment, but naturally demand a long period for the attainment of so good a result.

At first sight Lister's dressings seem to be much less economical than the kind of dressings formerly in use. On reflection, however, it will be found, the author holds, that the cost of surgical treatment in a large institution will be really reduced if the antiseptic method be practiced.

Thus, formerly, large doses of quinine were

required for the reduction of high fever; narcotics were required to relieve pain; and, on account of exhaustion and poorness of blood through long-continued suppuration, iron, wine, and potent and costly nutritive agents, were indispensable. Now, severely-injured subjects are cured after but a short stay in hospital. Narcotics are seldom administered, since carbolic acid is itself an efficacious anæsthetic; quinine rarely needs to be administered, and the surgeon is no longer obliged to retain some of his patients for weeks, and even months, in order to remove the effects of extreme exhaustion, and to restore them to a normal condition of health.

The Antipyretic Power of Salicine.

Mr. John A. E. Stuart, of Edinburgh, says, in the Edinburgh *Medical Journal*, Dec., '76:—

I have proved to my own satisfaction, by two experiments, that salicine in solution has almost no power in arresting the putrefaction of urine, while, if it is taken internally, in even a small dose, it gives the urine a power of resisting putrefaction for a considerable period. I find that a solution of five grains of salicine in half an ounce of water, introduced into one ounce and a half of fresh urine, only preserves that fluid for half a day longer than the time at which urine left to itself in similar circumstances went putrid. However, urine passed one hour after taking a dose of ten grains of salicine, kept fresh and clear for five days. Salicine is excreted in the urine as salicyl hydride, easily detected by the purple-red color produced on adding perchloride of iron.

In conclusion, I may state that neither quinine nor bebeerine possess antiseptic properties worth mentioning, when added to urine, but it may be that their powerful antipyretic effects are due to their transformation into some antiseptic substance in the blood.

Analyses of Hair Dyes.

The London *Lancet* had recently twenty-one "hair restorers," "hair dyes," analyzed. Out of the twenty-one examples examined, no less than fourteen were practically identical in their nature. They contained sulphur, in suspension, and also lead in varying, but always in very considerable, quantity. Three of these preparations bore American labels, the rest were English. The descriptions varied a good deal. Only one was plainly described on the label as poisonous, if taken internally, while many were described as "perfectly harmless," "free from injurious substances," and so on. The prices varied from 25 cents to $1.50 per bottle.

Two more samples, one of them American, were found to contain lead and sulphur, but in a different form. The sulphur was present as hyposulphite, and, in fact, these preparations may be substantially imitated by adding hyposulphite of soda to a solution of a lead salt. A white precipitate first appears, which dissolves in excess, and the solution so obtained *does not give a precipitate with iodide of potassium.* This is noteworthy because in the handbill which accompanies one of the samples purchasers are warned against the dangerous hair preparations which contain lead, as likely to lead to paralysis of the brain and insanity, and are directed to test all preparations with *iodide of potassium.*

In another sample, an American one, no free or loosely-combined sulphur was found, but only lead, in considerable quantity.

Another of the preparations was contained in two bottles; in one of which ammonio-nitrate of silver, and in the other pyro-gallic acid, was detected. This, therefore, belongs to an entirely different class from the preceding.

The remaining three preparations analyzed were intended for lightening, instead of darkening, the color of the hair. No substantial difference between these samples was detected. Each was found to contain a tolerably concentrated and slightly acidulated solution of peroxide of hydrogen. It is well known that this is the active agent in preparations of this kind. It can hardly be considered as poisonous, but its action on the hair is said to be injurious.

Ligature or Torsion.

In a clinical lecture recently delivered, on amputation, at St. George's Hospital, London, Mr. T. Holmes said, on the question of ligature or torsion:—We have ceased, at this hospital, to use acupressure, because, after a satisfactory trial, we thought it decidedly inferior to the old plan of the silk ligature, and some of my colleagues still use the latter. I have, as a general rule, abandoned it for the carbolized catgut ligatures, which I have found equally efficient against primary and secondary hemorrhage, and which offer (I am again speaking only generally) no obstacle to the rapid union of the wound. You saw this illustrated in the case of the little child whose thigh was amputated. The wound was healed almost entirely, and the patient out of bed, on the fourteenth day after the amputation, no trace of the ligatures having been seen. I prefer this plan to torsion (though quite admitting the efficacy and safety of torsion in skillful hands), inasmuch as it is very much easier to apply, and involves much less handling and contusion of the parts. In an amputation in which torsion is used, though the larger and more obvious vessels may be easily and quickly secured, we often see much difficulty in dealing with those which come less distinctly into view; and this difficulty is greater if the tissues are unhealthy. In such cases either the parts are left long exposed and are much handled—which cannot but retard union—or the smaller vessels are left to bleed; and even if this bleeding ceases without any serious damage to the patient, yet the blood must distend the flaps, some of it must remain as clot, even in spite of drainage, and it must in that

way again retard union. With the carbolized ligature each vessel can be permanently secured in a moment; and the small knots of gut left in the wound do not seem in any way to affect the rapidity of its union. It is for these reasons that I prefer this form of ligature in amputation. I have used torsion occasionally, and, I repeat, am perfectly convinced of its efficacy.

Treatment of Poisoning by Coal Gas.

In a report by Dr. Gilbert Smith, on poisoning by coal gas, he says:—

As to treatment we are still ignorant, except on a few obvious points. Exposure to fresh air and warmth to the surface is alone sufficient in many cases. Artificial respiration, where necessary, has been used with success. Cold effusions to the head, ammonia rubbed over the chest, turpentine enema, have all been tried with varying results. Galvanism was used in an interesting case of Dr. Babington's, but which he abandoned, owing to the excitement being followed by a corresponding depression. Oxygen has frequently been administered pure; its utility is a disputed point; the animals in Dr. Aldis' experiments recovered more quickly when exposed to fresh air than when either oxygen or ammonia were adopted. Those who hold that the union of carbonic oxide with hæmoglobin forms a fixed compound, think that it is harmful, and that transfusion of arterial blood is the only chance of saving the patient; but Donders attempts to prove that oxygen expels the carbonic oxide, and his view certainly is supported by Mr. Higgens' experiment. Dr. Richardson strongly holds that alcoholic stimulants fix the carbonic oxide in the blood and increase the evil still more. In my case the hot strong coffee certainly seemed quickly beneficial, and the poultice to the cardiac region had at once a good effect.

The Distinctions Between the Action of Chloral and Opium.

In his recently published work on *Treatment*, Dr. J. Milner Fothergill speaks as follows, in discriminating between the respective uses of opium and chloral:—"Chloral hydrate is a drug which stands second to opium only as an agent which depresses nervous action. There are differences, however, betwixt the actions of these two agents, which are far from unimportant. We have just seen that for the production of sleep two factors are necessary, viz., cerebral anæmia and a quiescent state of the cerebral cells. Opium acts more pronouncedly upon the cells than the circulation, whilst the effects of chloral are most markedly felt by the circulation, and to a less extent by the cells. Thus in old days a depressant, as tartar emetic, was combined with opium in conditions of sleeplessness due to vascular excitement. In such conditions chloral is the hypnotic *par excellence*. . . Where vascular pain and excitement co-exist, then chloral and opium should be combined. . . . It also acts upon the cerebrum and the centres at the base of the brain, whilst it has a decided effect upon reflex irritability. From its double effects upon the nervous system directly and upon the circulation, chloral has been found very useful in the treatment of mania—much more useful than opium. Chloral, too, is an excellent remedy in cases of cerebral irritability from overwork, giving calm, refreshing sleep."

Diagnosis of Fracture of the Spine of the Tibia.

In an article taken from Stricker's *Jahrbücher*, in discussing the diagnostic signs of fracture of the spine of the tibia, Prof. Dittel, of Vienna, states that crepitation cannot be made out with any certainty, and that the free and abnormal mobility of the head of the tibia that one would expect after separation of the anterior crucial ligament, is not always evident in the living subject. The osseous fragment to which the lower extremity of this ligament always adheres may not have been completely detached from the head of the tibia, and in any case the surgeon would naturally be unwilling to convince himself as to the abnormal mobility, from fear lest, by too energetic action, he might cause pain to the patient, and convert what might probably be only a partial fracture into a complete separation. The most important symptom is a sudden and abundant accumulation of blood in the capsule, which, after the use of the aspirator, will be rapidly renewed. Such bleeding may, the author grants, be the result of bruising and laceration of the vessels which supply the capsule and other ligaments, and probably, also, of a tearing of cartilage; but as bleeding from such sources is usually derived from the smallest vessels, one would not expect it to be renewed after aspiration. On the other hand, bleeding due to rupture of vessels on bone would persist, and form repeated accumulations, since such vessels cannot readily contract, and their orifices are not so likely to be closed at an early period, through thrombosis. This renewal of the bleeding after the use of the aspirator in cases of injury to the knee, is regarded by the author as an important diagnostic indication of fracture, although it can afford no help in the determination of the precise seat of the injury.

The Poisonous Action of Salicylic Acid.

According to the *Medical Times and Gazette*, of London, Professor Abelin, of Stockholm, states that, in children, salicylic acid, when given in a dose large enough to produce a lowering of temperature from 2° to 4°, was badly tolerated, and produced serious symptoms and great depression. In a dose of 0.8 to 1 gramme (*i. e.*, about 12½ to 15½ grains) it acted, in an infant at the breast, as a violent poison. It has also a very irritant action on the mucous membranes of the mouth and

pharynx. This action prevents the child from swallowing and sucking. It produces rapidly a lowering of more than 5° Fahr., a considerable amount of collapse, irregular respiration, altered skin functions, and a strong fluxion of blood to certain viscera. The following case is given as an example: A child at the breast, aged four months, up to that time healthy, became febrile from vaccination. Temperature in the morning 104°; dejecta natural. Three vaccine bullæ beginning to suppurate. Ordered fifteen and two-fifths grains of salicylic acid, to be divided into three portions. A good part was lost in struggling, so that not more than about twelve grains were actually taken. The child became rapidly restless, and unable to suck. The mouth and pharynx became coated with a thin white deposit. The child could not swallow; the pharynx got full of mucus. Respiration was difficult and rattling; there was obviously an obstacle to the entrance of air into the larynx. The face looked pinched; the eyes sunken. The temperature fell rapidly, and in two hours it was only 98.6°. The child got rapidly worse; the pulse small and unequal—160; face pale yellow. There was inability to swallow, or to utter a sound, and extreme restlessness. Death followed in a few days.

To sum up, Dr. Abelin is of opinion that in young children the use of salicylic acid must be very restricted. In a dose of twelve to fifteen grains it acts as a corrosive poison; in smaller quantities it lowers the temperature without acting beneficially on the course and symptoms of the malady.

Spasmodic Contraction of Muscles Treated by Excision of Nerves.

At a recent meeting of the Royal Medical and Chirurgical Society, Mr. W. Spencer Watson read notes of the case of a young lady, aged nineteen years, who was the subject, when nine months old, of so-called infantile paralysis. The right arm and right leg had ever since been contracted at the wrist and ankle. The deformity of the foot, however, had been remedied by division of the tendo-Achillis in infancy, and the patient had been able to walk with a limp ever since. The right arm, forearm, and hand, had, beside the permanent contraction of the flexors, been more recently subject to violent spasmodic movements, which had produced exhaustive debility and a tendency to hysterical paroxysms. After the failure of general remedies and of tenotomy of the more prominent flexors, Mr. Watson divided and excised a portion of the median nerve at the elbow. This relieved the muscular spasm to some extent, and somewhat reduced the previously heightened temperature of the limb. The deep flexors and adductors, however, continued to be subject to violent spasmodic movements, and the wrist continued permanently flexed. Mr. Watson, therefore, with Sir William Gull's sanction, excised a portion of the ulnar nerve, behind the inner condyle of the humerus. The contracted muscles were at once released, and the forcibly adducted thumb and little finger set free. The total effect of all the operations has been decidedly beneficial to the patient, but she still complains of pain in those parts now paralyzed as to sensation and motion. The operations of neurectomy and tenotomy were undertaken in this case, on the hypothesis that the original central lesion was become secondarily aggravated by the constant peripheral irritation, either associated with, or caused by, the convulsive muscular movements. The primary mischief was central; the peripheral irritation reacted upon the centre. A vicious circle of cumulative nerve-irritation was thus established. The object of the operations was to break the continuity of that circle.

Puncturing the Testicle in Orchitis.

The treatment of acute orchitis by means of puncturing the testicle having, within the past twelve months, attracted a considerable amount of attention, the following case, given in the *Lancet*, will doubtless prove of interest. The cases reported seem to present very satisfactory evidence of the value of puncture.

H. C., aged 41, a gold refiner, was admitted on October 17th, last, with acute inflammation of the left testicle. He was a temperate man, and a hard worker, but out of health, in consequence of being constantly exposed to nitro-hydrochloric acid fumes. On October 11th he strained himself while at work, and shortly afterwards his left testicle became swollen and very painful, so that he was quite unable to continue his work, and, as the treatment he received at his house did not relieve him, he was taken into the hospital. Ice was kept constantly applied to the inflamed gland, and the ordinary saline purgatives were administered. Under this treatment the symptoms subsided, but on the 24th, without any known cause, the orchitis returned, and, on the following day, during his visit to the hospital, Mr. Macnamara ran a grooved needle into the testicle, and allowed a few drops of serous fluid to escape externally along the groove, after which the instrument was withdrawn. The relief was both immediate and permanent; the inflammatory symptoms all passed away, and the patient left the hospital on November 3d, perfectly cured.

Injections of Simple Cold Water in Neuralgia.

It will be remembered that Dr. Leybert, of France, and others, extolled the use of hypodermic injections of pure water in neuralgia. In the London *Medical Times and Gazette*, Dr. Henry Lawson, himself a sufferer from sciatica, details his own experience as follows:—

In conclusion I must make a few remarks on the treatment of sciatica and lumbago by injections simply of ordinary cold water. In this mode of operation I have not the smallest faith;

firstly, because I have never seen an instance of it myself, though I have attempted it in various cases; secondly, because I have tried it upon myself without the least effect. Possibly the reader will say that the reason in the latter case was that "you knew the difference between the two cases (viz., that in which morphia had been administered, and that in which it had not been given), and thus that the mental effect was prevented." But this was not so. I especially took care that the syringe was filled by a second person, who completely concealed from me whether mere warm water, or water containing morphia, had been employed. Yet in each case I was enabled to tell exactly, in the course of from five to eight minutes, whether the morphia or simply water had been used. Indeed, I could detect the difference at once, before the syringe had been well withdrawn; but I waited after each injection, in order to be certain of the actual state of the case, and in no instance did I fail in my judgment.

It has been the same with patients who have been accustomed to the use of morphia subcutaneously, all of whom can tell, in the course of a few minutes, whether the injection has been morphia or water; nay, they can soon tell you whether you have given them the ordinary or a larger dose.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Inebriety and its Cure," by Dr. Albert Day (Boston, Mass.), is, as a whole, an excellent pamphlet, but in various passages the author generalizes too sweepingly. The subject is one difficult to handle without bias. Dr. Day also sends the Eighth Annual Report of the Washington Home, a retreat for inebriates.

——The *Virginia Medical Monthly*, under the capable editorship of Dr. Landon B. Edwards, ranks among the best monthlies of the country. The editor is about to present a new feature, the introduction, every few months, of a steel plate engraving and biographical sketch of some eminent medical man. Dr. J. Marion Sims is the first thus honored.

——The Cincinnati *Clinic* appeared, with the first of the year, under the editorial management of Dr. Roberts Bartholow. It will, no doubt, be an able exponent of *German* medical literature; for American writers (except a favored few) Dr. Bartholow entertains an undisguised contempt.

——The Smithsonian Institution has published the Second Toner Lecture, that by Dr. Brown-Sequard, on the Dual Character of the Brain. As it was delivered in April, 1874—nearly three years ago—there has been no rash haste in putting it in print.

——The Annual Report of the Smithsonian Institution, for 1875, contains its usual excellent selection of matter. We propose to notice some of the articles more particularly hereafter.

BOOK NOTICES.

Transactions of the American Medical Association. Vol. xxvii, pp. 719.

Many of the articles that make up this volume are already familiar to the profession. The address of Dr. Sims, the article by Dr. Bulkley on arsenic in skin diseases, Dr. Dowell on yellow fever in Texas, and others, have, through separate publication and abstracts, passed into the current of medical literature some time ago. A prominent feature, and a very laudable one, is the large number of papers bearing upon points of State medicine. Thus, there is an excellent article by Dr. J. J. Woodward, on the micrometry of blood in criminal cases, by the photographic process; water supply is the theme of contributions by Drs. R. C. Kedzie, J. L. Cabell, Joseph Wilson, D. A. Linthicum and J. M. Fort. Dr. Wilson also shows the importance of drainage in the prevention of malaria. A careful report on the climate of Colorado is contributed by that efficient observer, Dr. Charles Denison, of Denver; while Dr. Franklin Staples, of Minnesota, describes the influence of the climate of that State on pulmonary diseases.

In the surgical section two very able papers were read: one by Dr. Lewis A. Sayre, of New York, on Pott's disease, or caries of the spine, treated by extension and the plaster-of-paris bandage, as since described in the pages of this journal; the second, by Dr. Addinell Hewson, illustrating the advantages and mode of performance of Pirogoff's amputation at the ankle-joint. Both of these articles are fully illustrated.

The care with which the work is issued reflects credit on the publication com-

mittee, and the general contents, both discussions and articles, fully equal in value the previous volumes of the series.

A Practical Treatise on Diseases of the Skin. By Louis A. Duhring, M. D., Professor of Diseases of the Skin in the Hospital of the University of Pa., etc. Philadelphia, J. B. Lippincott & Co., 1877. pp. 618, 8vo, cloth. Price $6.

If our memory serves us rightly, this is the first complete treatise on diseases of the skin which has appeared from the pen of an American physician—the works of Damon and Piffard being much more limited in size and scope.

Dr. Duhring devotes his first hundred pages to general considerations of the subject; as the anatomy of the skin, the symptomatology, etiology, pathology, diagnosis, treatment, prognosis and classification of skin diseases. The anatomical portion is illustrated with engravings from original drawings, by Dr. Van Harlingen, which are singularly clear and well-executed. The classification adopted is that of Hebra, with some modifications, which groups diseases according to the nature of the pathological process and the structure involved, with the obvious exception of parasitic diseases, which are grouped etiologically.

The schema according to which each disease is described is pretty much the same throughout. Its synonyms are given in German, Latin, and French; then follows a condensed definition; after which, its symptoms, etiology, pathology, and treatment are discussed, *seriatim*, in as many paragraphs. This method, at some sacrifice of diction, insures brevity and adds to didactic force, qualities of more importance. The author is desirably full and clear on the subject of treatment. He recognizes that it must be constitutional and local, dietetic and hygienic, and is commendably free from the devotion to one or another remedy which is conspicuous in the writings of several well-known dermatologists. While, for instance, acknowledging that arsenic is a remedy of great value, he would never use it in the acute stage of any disease of the skin, never when there is intense heat or itching, nor when the affection is in the deeper structures of the skin. On the whole, he deems its use in eczema (where it has been especially lauded) is not very satisfactory. As to the preparation of it to be exhibited, he prefers Fowler's solution for ordinary use.

Electricity, especially the galvanic current, he has found serviceable in herpes zoster, pruritus, and dermatalgia.

The etiological views enunciated are broad. Age, sex, occupation, clothing, food, diseases of other organs, predisposition, seasons and climate, must be considered. In connection with the last mentioned factors, the author makes the suggestive remark in his preface, that in many instances cutaneous affections differ in type as they are seen in America and Europe. The greatest divergence is between this country and France or Austria; while those seen in Great Britain more nearly approximate those of the United States.

While this brief notice fails to do justice to the work, we hope we have said enough to bring it prominently to the notice of the reader. It is the best work on the topic, in our opinion, in the language; and to the American physician deserves to supersede all others. An excellent index completes it, while the paper and general manufacture is fully up to the mark of the well-known house who publish it.

A Directory for the Dissection of the Human Body. By John Cleland, M. D., F. R. S., etc. Philadelphia, Henry C. Lea. 8vo, pp. 182.

This is a plain, convenient dissecting guide, to be used over the subject. As such, it will commend itself to the student by the lucid composition and distinct directions of the author. Not aiming at a wider application, the author has made a useful manual, accurate and clear.

Transactions of the Wisconsin State Medical Society, 1876. pp. 149.

This very presentable volume, on tinted paper and in close type, contains a number of contributions well deserving of perusal. Among them we may mention one by Dr. O. G. Selden, on Herniotomy; J. G. Meachem, Jr., on Real and False Uterine Action in Parturition; a case of Ovariotomy, by Dr. A. W. Lueck; an essay on Cerebro-spinal Meningitis, by Dr. W. C. Butler; a case of Rupture of the Uterus and Vagina, by Ira Manley; Hot-water Injections in Uterine Hemorrhage, by Dr. James Cody; on Bovine Lymph, by Dr. E. H. G. Meachem; on Puerperal Fever, by Dr. E. Grættinger; a case of Glandular Sarcoma of the Neck, with a photograph, by Dr. N. Senn, of Milwaukee; and others.

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SIC ITUR AD ASTRA.

The school-boy of the future often has our commiseration. It was hard enough, in our young days, to remember the kings and heroes of yore, but how beyond all grasp of memory will the roll of great men have grown after we of this generation shall have been gathered to our fathers!

Horace, in one of his Odes, says, that before Homer there lived many an Agamemnon, but, unsung by the bards, their fame has perished with their ashes. With what hearty reason may we congratulate ourselves that no such lack of heralds will obscure *our* glory! We might almost say, there are more Homers than Agamemnons now-a-days; or we might fear such is the case, for of avenues to immortal fame there is surely no lack.

It is a pleasure to see that in this general distribution of renown our own profession is not lost sight of. In fact, we learn that there is more than one path opened right among us, through the favoring hand of gentlemen connected with the subscription book trade. These Mercuries, for a trifle, a bagatelle, will inscribe one's name, embalm the romantic adventures and earnest victories of one's life, and even insert one's countenance, deftly cut in steel, in a shapely volume, there to be handed down to remote posterity, who will doubtless gaze with awe and veneration at us, then become heroes of the dawn of the New Era.

To be sure, unsympathizing critics will cry out at the inordinate number of the immortals. For there are not less than three such works in the field, bulky volumes, one devoted to perpetuating the fame of our homœopathist brethren exclusively; a second said to be nothing if not "regular;" and a third a little hazy on the lines of demarcation. But with such carping critics we have no patience. Does not Schiller expressly say—

> "Never, believe me,
> Come the Immortals,
> Being alone."

And though we believe it was only Venus and Bacchus who together met the poet, are we immortals, let us ask, half as many in number as those which accompanied Vishnu in his avatar —seven times seventy thousand? Certainly not more.

Then there is another class of critics who seem to think that it is not quite the thing for a distinguished gentleman to write his own notable history, pay for his own striking engraving, and subscribe to the book, so as to be sure the editor will not forget to insert them. One of these absurd critics lately quoted the words of the celebrated and worthy old Scotch anatomist, Dr. Matthew Baillie. Having sat for his portrait to Hoppner, the artist, he expresses his great surprise at the painter having allowed his portrait to be placed in the hands of an engraver, adding, "This kind of distinction has always been very disagreeable to me, and when an application has been made to me for this purpose (of which

there have been several), I have uniformly refused my consent. I request, therefore, that you will be so good as to send to the engraver to put an end to the work, and that, as the picture is now finished, you will send it home as soon as you conveniently can, etc."

But, to our thinking, there is an unanswerable objection to all such carping; this is, that unless we take all these pains to embalm our memory for posterity, perhaps *nobody else will.* And then how posterity will regret it!

Let us employ a Homer, therefore, whether we are Agamemnons or not; whether Miltons or not, we will be neither mute nor inglorious.

Notes and Comments.

The Effect of Ergot on the Child.

Dr. Hugh Miller, physician accoucheur to the Maternity Hospital, Glasgow, remarks, in a letter to the *Lancet:*—I think it is a well-established fact that the employment of ergot, either as a uterine tonic or as a direct excitant in parturition, has an injurious effect upon the offspring, unless a speedy delivery is accomplished after its administration. At the onset of general exhaustion of the patient, I find it safer, both for mother and child, to apply the forceps, and effect the delivery by their aid. In April, 1874, I explained my reasons for adopting this treatment, and with increased experience I have seen no cause since then to alter my views.

Dropsy After Typhoid Fever.

The London *Medical Record* states that, at a late session of the Berlin Medical Society, Dr. Henoch related the case of a girl, aged nine, who was admitted into the Charité Hospital, on December 3d, 1874. She had been attacked with typhoid fever four weeks previously, and on admission had numerous abscesses on the scalp, and a temperature of 103.6 Fahr. In ten days the abscesses had healed, and she was free from pain. There now appeared extreme debility and emaciation, with sordes on the teeth and tongue, coryza, and bronchial catarrh; but what especially attracted attention was œdema of the eyelids. The urine, carefully examined, gave no traces of albumen. The abdomen was distended, and a considerable degree of ascites was detected. There were no other morbid symptoms, and all the organs performed their functions normally. Some days later there was œdema of the hands; the feet remained free throughout. The treatment consisted of decoction of cinchona and port wine, with nutritious diet; recovery was rapid, and the child was dismissed, cured, on January 27th. The occurrence of dropsy from typhoid fever was rare. It had been noticed by Gricsinger and Liebermeister, and by Rilliet and Barthez. It might be due to—1, anæmia or hydræmia; 2, debility of the heart; or, 3, changes in the liver.

Fungous Origin of Tonsillitis.

A British surgeon, Mr. H. F. Norbury, states that in returning from India he frequently examined microscopically the air of the ship when she was in and on the other side of the Suez Canal, and observed the presence of very numerous globose spores of fungi. These spores corresponded exactly with many found on yellowish-white elevations that appeared on the tonsils of twelve men suffering at the time from all ordinary symptoms of acute tonsillitis. These globose spores were of well-defined contour, varying in size from 1-1200th to 1-2000th of an inch in diameter, some of the larger possessing a yellowish tint. The filaments, whether of the fructification or mycelium, were simple, cylindrical, extremely slender, and colorless. The patients in question slept in different parts of the ship, and had no particular communication with each other, on duty or otherwise, and hence it is remarked that they could not have contracted the disease from each other.

Chrysophanic Acid.

The celebrated "Goa powder," used for ringworm, etc., has been found by Mr. Squire to consist largely of chrysophanic acid, a substance also obtained from rhubarb, dock-root, etc.

Mr. Squire finds that the properties of chrysophanic acid are by no means confined to its being a remedy for ringworm, but that it is likely to prove a valuable addition to the list of drugs as a remedy in many other diseases of the skin. He has, for example, obtained some unquestionably good results with it in the treatment of psoriasis, and it is a serviceable application in cases of lupus also.

Goa powder ointment has hitherto been advocated as a mere remedy for ringworm; that is to say, as a merely indirect therapeutical agent, acting solely, or, at the least, chiefly, by virtue of its presence being antagonistic to the life and reproduction of such vegetable organisms as are wont to infest the human skin. But Mr. Squire finds, from therapeutical investigations, that it was beyond question a valuable remedy, also, in a large proportion of the *non-parasitic* diseases of the skin.

The Weight of a Dinner.

The Clinton (Mass.) *Courant* prints the following: At a reunion, on Thanksgiving day, of the family of one of the old residents, in which there were four solid sons, and one solid daughter, three average daughters-in-law, and a medium-sized son-in-law, with grandchildren enough to make the number who were present up to fifteen, the following statistics were taken.

	Pounds.
United weight before dinner	1862
United weight after dinner	1897¼
Net gain	35¼
Average gain per person	2 7-20
Greatest gain of any person	4½
Smallest gain of any person	¼
Greatest weight before dinner	185
Greatest weight after dinner	189½
Smallest weight before dinner	28¼
Smallest weight after dinner	28½

The Recognition of Abortion.

In the *Journal des Sages-femmes*, Nov. 1st, 1876, Professor Depaul draws attention to a peculiar condition of the os uteri as a cause of abortion. He says that the neck of the uterus is a sort of sphincter muscle, and that in some women this is in a lax condition, predisposing readily to abortion. There is often a special irritability of the uterus, exciting it to relieve itself of its contents. There are, in an abortion, two distinct acts; the expulsion of the embryo and the expulsion of the placenta, which latter is effected one, two, fifteen days, or even longer, after that of the embryo.

In this connection we may add that in the *Journal de Médecine*, Dec. 1876, Dr. Lafargue calls attention to the case of a poor girl condemned to prison for three years, on the evidence that she had taken some savin and had aborted. There was absolutely no evidence in this case that the savin had an oxytocic effect. Dr. Lafargue remarks that the public in general, and judges in particular, still cling to the vulgar and exploded idea that such drugs as iron, savin, rue, etc., are abortives. He asks, "What medical man, wishing to bring on an abortion for some contraction, would be so simple as to rely on one of these drugs? Why then should he come before a tribunal to declare these substances, in which he himself has no trust, to be abortives?"

Danger from the Entrance of Air into Veins.

On this topic, Sir John Rose Cormack observes, in his lately published "clinical studies:" "It may be stated as a conclusion from numerous cases, and also from experiments on animals, that if the first shock of the accident be got over, the degree of subsequent immediate danger is in proportion to the amount of obstruction to the passage of the blood through the lungs." Of course, it is the rapid distention of the right auricle with a mixture of air and blood, and its inability to contract on its elastic contents, as Dr. Cormack shows, which prevents the blood from getting to the lungs.

The Poisonous Quality of Fuchsine.

Fuchsine is an aniline dye, largely employed for coloring wines. It has been maintained that it is not poisonous when freed from all trace of arsenic; but at a late meeting of the Academy of Sciences of Paris, MM. Foltz and E. Ritter communicated the results of fresh researches on the action of non-arsenical fuchsine introduced into the stomach and blood. The injection of fuchsine into the stomach of a dog resulted in the production of the coloring matter in the urine, and notable quantities of albumen. Injection into the veins likewise produced albuminuria and manifest lesions of the cortical substances of the kidneys. An injection of 16 milligrammes of pure fuchsine to each kilogramme of the weight of the body likewise produced general dropsy and great emaciation.

Locations of Hydatid Cysts.

These are usually found in the liver. But Dr. J. Jonasson, of Iceland, writes us that he has had one case where the cyst occupied the spleen; another, the posterior portion of the orbit; two in the supra spinatous region; and one in the mammæ. As previously remarked, they are not uncommon in Iceland, forming one of the pathological features of the natives of that island.

Glass-Wool.

A French journal states that M. Limousin laid before the Paris Therapeutical Society a specimen of "glass-wool," or *Glaswolle*, which is much used in Germany, and especially in Austria, for the purpose of filtration, in laboratories. It exactly resembles wadding, but is a little more silky, and slightly crepitates when held near the ear. Bohemian glass is the only kind from which it can be produced, being drawn out, at the moment of fusion, into threads of an extreme tenuity. Under the microscope these fibrillæ are as delicate as those of cotton, and quite as supple. The *Glaswolle* neither produces any alteration in the filtered substances, nor does it undergo any alteration from them. It may be also conveniently used for painting parts with chromic acid, nitrate of silver, tincture of iodine, etc.

The Cause of Goitre.

Dr. Lombard, of Geneva, believes that the cause of goitre is a plethora of carbon, produced by the rarity of the oxygen in elevated regions. A sojourn on the shores of the sea corrects the affection by the greater abundance of oxygen, and by the iodine, which absorbs the carbon.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

By an Invalid Physician.

LETTER VIII—FLORIDA.

Ed. Med. and Surg. Reporter:—

Until the climate of California came in vogue, Florida had what might be styled the monopoly of consumptives in winter. The very name of the State is suggestive of bloom and beauty. Around it still clings the undying romance of the fountain of perpetual youth. It has its mysterious mounds, its Indian traditions, its luscious oranges, and above all its climate, which latter has been extolled numberless times, by numberless writers. I do not think I am far out of the way when I say that Florida and consumption are about as closely related in the minds of the bulk of the profession and laity as two subjects can be. To have phthisical symptoms and be sent to Florida have become a recognized cause and effect, like desquamation after measles, or a headache after a drunk, and soda-water after the headache.

That there is some justice in the claims of a Florida climate as a cure or palliative of consumption is shown by the long lease the State has held on medical and popular favor. Let us then, "naught extenuating or setting down in malice," examine its claims. I had the fortune to pass a month there that was marked by the perfection of Florida weather—January, 1876. I had read so much about the beauty of the country that my landing at Jacksonville was a disappointment. It is a slouchy, sandy, straggling town, and in the month I speak of the trees were leafless, and the village yards as barren of shrub or flower as those of any New Jersey village. Living in the hotels was high, from three to four and a half dollars per day, and the fare not of the best. Invalids swarmed everywhere, until it seemed that consumption was the chief end of man. Milk, especially, is poor, scarce, and dear. I had great difficulty in getting a supply for my child. As one goes up (that is South) the St. John's river, the difficulty increases, and by the time Pilatka is reached, one comes to the land of condensed milk. The reason is obvious. There is no grass. One may see cows standing knee deep in the St. John's river, dipping their heads under water, to get what green things grow on the bottom. But to return to Jacksonville. The winds there had an element of rawness in them. On the best of days, and two days after my arrival, all invalids were kept in-doors by a driving northeast storm. A room without a fire was untenable. I soon found that this was the natural history of Jacksonville, and that if one wanted a climate, it was necessary to go further south.

Embarking on one of the many steamboats that run on that cheerless looking inlet, called the St. John's river, one wonders, all the way to Pilatka, where the beauty of Florida comes in. The shores are low and muddy, the trees look stunted, and vegetation seems as dead almost as in the north in winter. Magnolia, with its live oaks festooned with Spanish moss, and Green Cove Springs, are fairly attractive. At Pilatka comes the first orange grove of note, and a sprinkle of banana plants. The latter were frosted, but the hotel proprietor assured me that it was an event of unusual occurrence, had not happened for years, and would not for years to come.

But last December (1876) I clipped the following from the correspondent of the New York *Times*. It was signed L. S. K., and speaks for itself.

"I never felt the cold more in the North, in the height of winter, than I have since I arrived here. The wind has blown steadily from the northwest for four days, and the air holds in it a chill frost that penetrates to the marrow. I have found a heavy Ulster overcoat, in addition to thick winter underclothing, exceedingly comfortable. Everybody here is wrapped up in similar style, and blazing wood fires are heaped on every hearth. Ice two inches thick has been found in vessels on the St. John's steamboats, two hundred miles south of this place. The thermometer at this place on Thursday marked 66°. Yesterday it had

fallen to 33°, a fall of 33° in twenty-four hours. It has since been down to 28°."

During the winter of 1874–5, as I was informed by those who passed that time in Florida, fog and dampness hung over the St. John's river, from its mouth as high up as Pilatka, for six consecutive weeks. It rained also most of the time, and invalids had to keep their rooms and have the fires lighted. During my stay along the St. John's river I noticed that, invariably, the finer the day, the thicker the morning fog that preceded it. But for the difference in temperature a man could well imagine himself, at such times, sailing off Newfoundland in one of its famous fog banks. To come right down to the kernel of the matter, one does not reach the proper Florida climate until he reaches the latitude of Enterprise. The patient who halts in the numerous caravansaries north of this line, be he held there by advice, prejudice, or fate, reminds one of a climatic Tantalus—the cup he seeks is ever near, but never tasted.

St. Augustine is a treacherous place for invalids. An easterly storm there is almost, if not quite, as trying on the lungs as one at Charleston. The place has been sadly over-written. Its much talked of sea wall is a prosy stone fence facing a muddy inlet, and its Spanish fort and Cathedral lose their romance after two or three visits. The outlying meadow or moorland is full of rattlesnakes, and even the cows give it a wide berth. Socially, as a winter resort, the place has deserved reputation. But "society" has increased vastly the rates of living; and moreover, the invalid who goes to Florida to attend hops and receptions would be about as well off in similar gatherings in Quebec or Boston.

The peninsula of Florida, washed on one side by the warm waters of the Mexican Gulf, receiving on its Atlantic border the warming influences of the Gulf Stream, containing inland large fens and lakes, and having nowhere an elevation of more than one hundred feet, has a climate soothing, moist, and warm.

To get the benefit of that climate one must live absolutely in the open air, from an hour after sunrise to half an hour before sunset. To sit about the hotel or boarding house all day, varied only by an invalid's walk or ride, is to run the risk, not only of gaining nothing, but of losing all. Cut away from fellow sufferers, and let it be known that questions relating to nightly cough or daily expectoration will be regarded as personal affronts.

A Philadelphia physician who returned fat and brown from Florida, after wintering at Enterprise, for the relief of pulmonary hemorrhage, told me, from breakfast to supper he floated on the water in a row boat. Took his wife, and together they sketched, read, dozed, lunched, fished, landed—thus avoiding the house all day and absorbing all the sunshine. My belief is, that if a man will go to the Adirondack Mountains and camp out from June to late October, or even November, as many do; then return to his home, if it is away from the seashore, and spend his Christmas (a period always depressing away from home), and then sail down to Florida and camp for three months on Indian river, or Tampa bay, that he will cure incipient phthisis, or arrest any stage of the malady, short of the third, one time out of two. Or, in other words, such a course will cure fifty per cent. of phthisical subjects who have not advanced to the third stage. Finally, I believe that ninety-nine patients out of a hundred who go to Florida in the third stage of phthisis either die there, or shortly after reaching home. One dead body a day, on an average, passes over the railroad between Jacksonville and Savannah.

Briefly enumerated, the advantages of the climate of Southern Florida are equability, moist warmth, abundant out-door life, ample game of all kinds, and a supply of fresh fruits. Its disadvantages are absence of milk, and good fresh meat (the venison is poor), insects and reptiles, and malaria. That the latter prevails, is just as undeniable as is the fact that it does not help a phthisical subject any to acquire it. Avoidance of night air (one is as safe within a good tent as within a house), notoriously unhealthy spots, etc., are efficient aids to its non-contracting. Whether a patient improves or not, I would not advise passing two successive winters in Florida. The second is apt to prove wearisome. How to camp out I propose to elucidate in a future letter on camp-life, simply saying here that it is cheaper and better to get all needful camp supplies in the North, and ship them by steamer direct to destination.

Steamship Grenada, Pacific Ocean, January 25th, 1877.

Chloroform in Hepatic Obstruction—Alcohol in Consumption.

Ed. Med. and Surg. Reporter:—

In solution of the problem proposed by Dr. Chase, in the Reporter of the 20th ult., I have some experience to offer:—

In 1860 I was called to see a man in this stage, who had been attended by two different physicians in quick succession, who had differed in opinion, but neither of them was then in attendance. The man had suffered agonizing pain, and obstinate constipation for several days. I stated at once that the inflammation resulting from the obstruction had ultimated in mortification; and as soon as the man was dead I would like to make a post-mortem examination. An opportunity for that was soon afforded. I found that the small bowels, at their junction with the colon, had been glued together in a mass, and attached to the abdominal wall, against which the pus was pointing, but the gangrened bowels behind had broken down, and let everything escape into the abdominal cavity. I proceeded to the liver, and found the gall bladder blocked up with black solidified bile, which I supposed had occasioned the accumulation of scybala, as

the healthy bile is the natural aperient of the bowels.

In 1870 I had under my treatment, in British Honduras, a lady, of whose life all had despaired. She had long labored under intermittent and remittent fevers; and often suffered with, as I supposed, the passage of biliary calculi. She had become so anæmic that her veins seemed to be filled to distention with yellow water, tinged with blood; she was so swollen with dropsy, and so weak, that she could not put on her shoes nor stockings. The skin was literally "distended to utter bursting, nigh;" and to render her condition more hopeless, she was in the family way; and, to make desperation more desperate, she fell into labor! But as the fœtus was immatured, for want of the necessary pabulum, I succeeeded in taking it away, almost without any help on her part. I gave her quinine, muriated tincture of iron, and digitalis, to arrest her fever, thicken her blood, and strengthen the action of her heart, and eliminate the surplus water. But I now come to the point I started for. I had frequent occasions to give chloroform to alleviate the hepatic colic. And I recollected observing that all those persons who indulge in chloroform, instead of opium, look blanched, like celery. I found my patient's jaundice was rapidly clearing away. I concluded that the chloroform was dissolving the inspissated bile, and I was the more liberal in the use of it. I have frequently given it since, for such cases, and also for ordinary colic. I give half a drachm to a drachm, thoroughly shaken, together with a tablespoonful or two of castor oil. The lady alluded to here recovered perfect health, became fat and rosy.

Last year I had under my care a young married lady, with jaundice. She had the most enormously-engorged liver I ever saw; frequently was feverish; her blood turned to yellow water; great prostration; on two different occasions her eyes were closed, like death. But by perseverance with remedies into which chloroform entered liberally, she recovered perfect health; became quite fleshy and rosy.

I suppose the engorgement of the liver by inspissated bile, caused by the alcoholic potations, may have had some agency in producing the spasms in the case Dr. Chase reports; and the chloroform dissolved the bile, which was then diffused throughout the circulation, and jaundiced the skin, etc.

Let me add a word against the article you quote from the *Medical Press and Circular*, on the use of alcohol in consumption. In my experience it has done more harm than good. While in a few cases consumptives may indulge, with apparent impunity, for awhile, a large majority suffer with torpidity of the liver and dyspepsia. And the main vital point in the management of consumptives is to promote healthy digestion. As long as healthy assimilation goes on, the ravages of tuberculosis is held in abeyance. D. W. Foster.

Ville Platte, La., January 30th, 1877.

Sudden Death During Attempted Abortion.

Ed. Med. and Surg. Reporter:—

In the following case of attempted abortion, the patient expired in the hands of a female abortionist, very suddenly. The woman was seen to enter the house of the deceased about half-past four in the afternoon, on the 9th of January. She was in the room of her victim about fifteen or twenty minutes; then, greatly excited, rushed for the mother of the deceased, who found her daughter insensible, lying on her back. In about fifteen or twenty minutes from this time I arrived, and found the patient totally dead. The cadaver lay as if in a natural sleep, eyes closed, as in most cases of sudden death. I suppose that it took five to ten minutes to prepare the patient for the operation; death must, therefore, have taken place almost instantaneously. There were no signs of hemorrhage, not in the least; there was not a drop of blood on the sheets which were folded beneath her.

An autopsy revealed all the organs in a perfectly physiological condition. The brain and heart were examined with care; nothing abnormal was found. The uterus was found in about the fourth month of gestation; on opening it we discovered a partial separation of the placenta, which contained some clotted and fluid blood. The deceased was about twenty years of age, and this was her first pregnancy. I learned, from some of my brother practitioners, who have been acquainted with this woman for years, that she generally uses a male elastic catheter, which she introduces into the uterine cavity, and injects air or fluids.

I should like to hear the opinions of the readers of the Reporter as to what produced death in this case. F. Shimonek.

Beaver Dam, Wisconsin.

[It looks as if there had been laceration of some of the uterine veins, into which air had been forced by the abortionist.—Ed. Reporter.

Catarrhal Ophthalmia.

Ed. Med. and Surg. Reporter:—

That trivial affections of the conjunctiva may produce fatal results to eyesight, no one acquainted with the anatomy of the eye will pretend to gainsay. The case detailed in this paper serves to convince any who may regard this inflammation, in its pathology and duration, as of little consequence to the internal tunics and humors of the eye, that a thorough knowledge of its events, should a protracted case occur, must be had, in order to make a prognosis with accuracy. It serves, too, to teach the inexperienced that "a common case of sore eyes" may result in loss of vision, more or less complete. Hence the necessity of judicious treatment, timely administered.

As usual, my case was one of severe catarrhal conjunctivitis, from cilia to cilia. The ocular conjunctiva, as red as a beet, was a mass of network, with its meshes filled with extrava-

sated blood. The palpebral conjunctiva was much injected, and corrugated. Various "eye remedies" had been tried, in vain, for ten days, the patient enduring an interim of suffering of pain very acute, and photophobia. I was asked to see the case on the eleventh morning, and found the patient as described above. I immediately scarified and cupped his temples, drawing one drachm of blood from each temple. Ordered hot pediluvia, and—

℞. Calomel, grs.iv
Dover powder, grs.iij. M.
Sig.—One powder.

A powder of this composition was ordered to be taken every three hours, till five were taken. In twenty-four hours the patient was seen again. Condition much improved, and slight ptyalism had resulted. Ordered—

℞. Spts. terebinth., gtt.vj
Iodid. potass., grs.vj.
One dose.

To be taken three times a day, for three days.

Under this treatment the eye got well, leaving a clear facet in the cornea. Now, the inflammation threatened destruction of cornea in two ways: *i. e.*, by the corrugated palpebral conjunctiva rubbing the clear, smooth surface of the cornea, which produces pannus, and again, by the injected blood-vessels forming a circum-corneal wall (chemosis) round the cornea, threatening, by pressure, its destruction, or more rarely, ulceration, and more or less opacity of the cornea resulting, as was the case in my patient May 3d, 1875.

I have a case of pannus, the result of catarrhal conjunctivitis of the palpebral conjunctiva, caused by the corrugated membrane.

A. B. Wilkes, M. D.

Schulenburg, Texas, February 7th, 1877.

Abortion after Twin Pregnancy.

Ed. Med. and Surg. Reporter.

I was summoned in haste, October 14th, P. M., to see Mrs. H., 24 years of age. I found, upon inquiry, that she had been washing and mopping floors, when all at once she was taken with hemorrhage (she being pregnant a little over two months). She lay down soon, had one or two quite hard pains, and when I arrived, she had miscarried, the fœtus indicating about two and a half to three months' pregnancy. I prescribed fluid extract ergot, one teaspoonful, also elix. cal. ferri et bis., teaspoonful three times per day. She was directed to keep quiet for a few days, etc. I did not see her or hear from her for some days, when her husband came to see me, and told me his wife was still flowing; that, in fact, she had not entirely stopped since the accident. I prescribed gallic acid, alternating with tinct. chlor. ferri, and to use cool cloths over the hypogastric region; if necessary, vaginal injections of cool water, with small pieces of alum dissolved in it.

On the nineteenth day after the abortion I was again summoned, and found the woman almost bloodless. I commenced to stimulate with carbonate of ammonia, quinine, and whisky, and soon she began to rally, and ceased flowing. Upon making an examination I found the vagina obstructed, and removing the obstruction discovered it to be another fœtus, a little larger than the first one. They were both well formed, the hands, arms, and lower extremities all perfect, but one nineteen days older than the other.

H. W. Bacon, M. D.

Eden Mills, Vermont.

The Sequelæ of Influenza.

Ed. Med. and Surg. Reporter:—

About two years ago there appeared in the Reporter an inquiry relating to the prevalence of influenza. This was responded to by many physicians throughout the country, showing the prevalence of the disease in many places.

I should like to hear, through the Reporter, from these physicians again, and learn if any of their cases resulted as did some of mine.

I was practicing then in Ogden, this State, near the Ohio line; had a large number of cases, mostly children at first, but toward the close of winter quite a number of adults were attacked. With these there was considerable pulmonary irritation, and in one case inflammation.

All recovered completely, so far as I know, excepting four cases (adults), in whom cirrhosis of the lung supervened; these died the following summer and fall, including the one who had pneumonia.

A lady in the same locality is now suffering from hepatization, who traces her trouble back to a severe cold this same winter, and I learn that she can live but a short time. The history of these cases show no trace of tubercular taint, excepting the one who had pneumonia.

What I want to get at is this: was the influenza the exciting cause of the cirrhosis?

S. L. Jones, M. D.

Deerfield, Michigan, February 7th, 1877.

The Treatment of Diphtheria.

Ed. Med. and Surg. Reporter:—

I wish to call the attention of the profession to the subject of diphtheria and its local treatment. Believing, as I do, that it is a constitutional disease with a local manifestation, I pay special regard to the constitutional treatment by first clearing out the bowels, and then following this up with good round doses of potassæ chlorat. and potassæ iodid., in powder, dissolved in a little hot water and given every hour. Then, as a gargle, detergent, and local application, a solution of chloral hydrate, four grains (or more) to the ounce of water. This at the head; next, carbolic acid in solution, and the solution made thus: Half a teaspoonful of the melted crystals in a pint of hot water; let cool and use freely. With these two solutions I ask nothing further, and bid farewell to argenti nitras, nitric acid, muriatic acid, etc.,

mops, swabs, probangs, ad infinitum, and treat diphtheria with confidence. Of course, in young children these solutions have to be applied with a swab. I should not fail to mention that every morning the patient gets one good dose of quiniæ sulph., and as convalescence comes on a tonic, in which iron in some form has a place. Milk and animal broths, all through, as much as can be conveniently taken. This is no theoretical treatment, but is being used every day with success. R. L. MOORE, M. D.

Spring Valley, Minn.

NEWS AND MISCELLANY.

Personal.

—Dr. G. F. Heinecke, of 2212 North Fourth street, Philadelphia, died suddenly, on February 5th.

—Dr. Armor, of Columbia, Pa., was knocked down in the streets of that place, recently, by a sled, and severely injured.

—Mr. Hubert Praeger, one of the famous Tyrolean Opera warblers, is now a student of the Jefferson Medical College, in this city.

—The physicians of the town of Butler, Mo., met on January 23d, and passed resolutions of respect to the memory of the late Dr. A. B. Renick.

—Dr. Charles S. Turnbull, of Philadelphia, has been appointed assistant surgeon to the 7th Regiment, Infantry, National Guards of Pennsylvania.

—The following gentlemen have been appointed lecturers in connection with the medical department of the University of Penna.:—Dr. R. G. Curtin, on Physical Diagnosis; Dr. De F. Willard, on Orthopedic Surgery; Dr. Chapman, on Comparative Physiology; Dr. Mills, on Electro-therapeutics; Dr. Risley, on Ophthalmoscopy; Dr. White, on Venereal Diseases; Dr. Shakespeare, on Refraction and Accommodation; Dr. Starr, on Practical Pharmacy; Dr. Elliot Richardson, on Practical Obstetrics; Dr. Bray, on Operative Obstetrics; Dr. Chas. Hunter, on Practical Surgery; Dr. Guiteras, on Symptomatology.

—Sir William Ferguson, president of the Royal College of Surgeons, and Sergeant-Surgeon to the Queen, died on the 11th instant.

Sir William Ferguson was born at Preston Pans, Scotland, March 20, 1808. Early in life he became confidential assistant to the celebrated anatomists, Dr. Knox and John Turner. In 1828 he became licentiate of the College of Surgeons. In 1831 he began to lecture on surgery, and in 1840 was called to London as professor of surgery in King's College. Prince Albert appointed him his surgeon-in-ordinary, and in 1865 the Queen conferred upon him the title of baronet. He was elected president of the Royal College of Surgeons in 1870. Besides special papers, he has published a number of medical works.

Items.

—The commissioners appointed by the Governor of Pennsylvania, to select and purchase a site for, and erect, a hospital for the insane poor, met in Norristown, Feb. 5th, and subsequently visited a number of farms in that vicinity which have been offered for sale.

—A physician is appointed by the Poor Directors of Erie county, Pa., in each of the leading boroughs throughout the county, whose duties are to look after the health of the poor in their respective neighborhoods. They receive from $25 to $100 each, from the county treasury.

—In the Senate of New Jersey a bill has been introduced, appropriating $140,000 for the purchase of suitable property for the education and maintenance of the feeble-minded of the State, the institution to be located at Bordentown.

—In Chicago, scarlet fever and diphtheria are very prevalent. There were reported, on Feb. 6th, 29 cases of scarlet fever, 12 of diphtheria and 14 of scarlatina. Sanitary policemen have been appointed.

QUERIES AND REPLIES.

Impotence.

Hallerus may expect success from the following treatment:—

R. Tinct. ferri chloridi, fluid ounce ss
Tinct. nucis vomicæ,
Tinct. cantharidis, aa. fluid drachm ij. M.

Sig.—Take 20 drops, in water, three times daily.

Also—

R. Plumbi acetatis, drachm j
Aquæ, ounce xij. M.

Sig.—Use as a urethral injection, twice daily.

In addition to the foregoing, apply cold water to the genitals, with the hand, for ten minutes, morning and evening; also good diet and agreeable pastimes.

The above treatment has cured just such cases as the one described. H.

Another.—Continue cold bathing (sitz-bath, shower-bath), Fowler's solution, internally (mm j 3 to 5, and upwards, with caution); if from masturbation, in combination with Squibb's fl. ext. ergot, *a methodical administration of electro-magnetism*, generous diet, with moderate use of good native grape wine, moderate open-air exercise, rather early going to bed, and strictly regular habits.

This treatment to be continued for some time. Sexual connection not to be forced on by artificial means. L. V.

New York.

Rex.—In administering the oleo-resin of cubebs, give ten to fifteen drops three times a day, on a lump of sugar, after meals.

MARRIAGES.

MOORE—OWENS.—At the residence of the bride's uncle, Dr. Jno. W. Morton, near Waterford, Miss., February 1st, 1877, by Rev. James A. Bowen, Mr. T. C. Moore and Miss Isabella R. Owens.

THE
MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CLINICAL STUDY OF THE MORE FREQUENTLY OCCURRING FORMS OF CONJUNCTIVAL DISEASE.

BY S. D. RISLEY, M. D.,

Chief of the Dispensary for Eye Diseases, at the Hospital of the University of Pennsylvania.

(Read before the Philadelphia County Medical Society, December 27, 1876.)

(*Concluded from No.* 1042.)

In the second group, the *phlyctenular*, are included only those cases of conjunctivitis presenting the strumous facies, and occurring, for the most part, among the children of the poor. These cases present an entirely characteristic group of symptoms, both local and general, which separates them widely from the catarrhs.

A careful study of the local symptoms in a well developed typical case will reveal an agonizing dread of light, which causes the child to bury its head in the pillows or its mother's lap, to exclude every possible ray of light. The face being forcibly exposed to light, there is seen the most vigorous spasmodic closure of the eyelids. So strongly do the muscles contract that the brow is corrugated and the lineaments of the entire face changed. There is eczema of the cheeks, from the scalding tears and the constant burying of the face in the bed clothes wetted by the tears. The upper lip and the nostrils are excoriated and thickened, from the profuse discharge of tears and mucus through the nasal passages.

The condition of the conjunctiva is quite characteristic. There is fine capillary congestion, but the conjunctiva is *transparent*, even though the case may have been of many months' duration. In this it differs from the catarrhal conjunctivitis, in which the membrane becomes opaque, often, in twenty-four hours.

The entire surface of the conjunctiva, both the tarsal and bulbar portions, will be found more or less profusely studded with minute elevations; and along the limbus of the cornea, sometimes entirely encircling it, is seen a chain of larger elevations, which appear like minute blisters, and fasciculi of enlarged blood vessels are seen approaching them from the region of the retro-tarsal fold; or there may be one or more ulcers on the cornea itself.

The intense photophobia, the transparent conjunctiva, studded with phlyctenulæ, the flow of tears, the spasmodic closure of the lids, and the cachexia, form a group of symptoms differing very widely from those delineated as characterizing the catarrhs. Differing as radically as they do in their essential characters, the treatment demanded is scarcely less at variance with that pointed out in the former.

In phlyctenular ophthalmia, astringents and caustics do harm. I have seen them grow worse, even under the use of a mild collyrium of alum. The most important element in the treatment is to improve the general condition of the child. The eyes will not get well, and remain so, until this is done. I have, repeatedly, for many weeks together, treated faithfully these little sufferers, and without any improvement in the condition of the eyes, until there was an obvious improvement in the general health. I am convinced that the condition of the

conjunctiva is not altogether peculiar to it, but that were the other mucous membranes open to inspection we should find similar pathological conditions, modified possibly by local differences in structure; so far as the mucous membrane covering that part of the soft palate exposed readily to view is concerned, this is certainly true. The same condition in the alimentary mucous membrane is doubtless indicated by the precarious appetite and deranged bowels. Once the appetite improves, the bowels get well, and the emaciated limbs grow rotund, the child will resume its play in a moderately lighted room. The spasm of the orbicularis gives way, and the eye rapidly gets quiet and comfortable. There can be no greater mistake than to shut up a case of phlyctenular conjunctivitis in the house and in a dark room. The eyes should be shaded, but not tied up, and the patient required to spend many hours daily in the open air, in the park or country, if possible. I have often felt that more of the cure, in these cases, was due to the daily visit to the dispensary, than to my applications while there. The time usually required at the service, and the long ride to and from the hospital, consumes from two to four hours daily, which is quite a respite from the bad air of the court and the common living room, in which, too often, the child was born, and thus far reared.

These children are regarded as scrofulous, by the parents and friends, and there is a popular notion that meat should be avoided in such cases; so that this important aliment is usually interdicted. I am in the habit of advising fresh meat, milk, eggs, etc.—and all the child will take of them. I have thought the iodides were important to these children, and prefer, before everything else, the iodide of iron, which, after a time, may be changed for potassium iodide, in small doses. The local treatment is very simple. As long as the photophobia and orbicular spasm continue, I have confined myself to the simple instillation of sulphate of atropia solution at the daily visit to the dispensary, the parents to use the same, but a weaker, solution, at home. As soon as the irritation subsides, a careful insufflation of iodoform has seemed to hasten the cure, a weak solution of corrosive sublimate, gr.$\frac{1}{8}$–$1\frac{1}{2}$ to the fl.$\bar{3}$j of water, being substituted for the atropia, at home. An ointment of the yellow oxide of mercury and atropia, āā grs.j, to $\bar{3}$j of lard or other excipient, has, in some cases, appeared to be of service when other things had apparently failed.

As long as the disease is confined to the conjunctiva, it is comparatively an innocent affair, so far as danger to vision is concerned; but it is too frequently associated with phlyctenulæ on the cornea, which result in small ulcers, which may even perforate the cornea, and thus lead to more or less disastrous results, from the entangling of the iris in the wound, and from corneal specks, which, if central, may seriously mar the sharpness of vision, by shutting out the central rays of light from the pupil. I have seen very many unfortunate cases of this character.

There are many cases of conjunctival disease which do not accord with the history of either of the forms already delineated. They have not the same dread of light, nor is there the so-called strumous facies of phlyctenular disease. On the contrary, the disease may occur in children or adults, situated under the most inviting and favorable surroundings. When occurring in children, it is usually after the fifth or sixth year, while in those cases already described it occurs, for the most part, before the fifth year of age. I have learned to regard these as belonging to quite a different category, and have placed them in a third *group*, and for want of a better name, have designated them as *symptomatic*. To it belong the very many cases of mild conjunctival trouble which worry patient and doctor by their persistency. However intelligently he may prescribe, they either get no better or only temporary improvement follows.

They are characterized by hyperæmia of the tarsal conjunctiva, and careful inspection reveals through it the congested tortuous meibomian glands; the conjunctival surface is studded with numerous minute elevations, like small, whitish sand grains, and possibly somewhat larger bodies scattered very sparingly, if at all, over the tarsal portion of the conjunctiva, but more numerous in the retro-tarsal folds. Often the tarsal border will be thickened and scaly. The patient complains of weak eyes, by which he means that he finds difficulty in using them for near work. If obliged to do so, the scratching of the lids, burning sensation in the eyes, or possibly eyeache, or a peri-orbital neuralgia, are the penalty he must pay. The symptoms are aggravated in seasons of depressed health, or after unusually protracted

use of his eyes. They may even run on into serious and persistent inflammatory trouble. The hyperæmia which at first existed passes into proliferation and the conjunctiva becomes thickened and opaque. The long standing inflammation passes, by continuity of tissue, into the lachrymal passages, and obstruction to the flow of tears ensues, which in turn aggravates the conjunctival disease. The now thickened and granular membrane can no longer function properly, and the cornea soon suffers in consequence. In a word, all the features of chronic granular ophthalmia are presented.

Under the usual treatment adopted in these cases, if entire rest be insisted upon, these cases get well, after a time; but the hope of a permanent cure is blighted as soon as they resume their work. The group of cases presenting this history will usually be found to have some local cause for their protracted or recurring trouble, and I am convinced the defects of refraction and muscular insufficiency are responsible for it. The constant undue strain upon the ciliary muscle, which is the price that must be paid for distinct vision in certain of these defects, brings about a general ocular congestion, which very frequently passes into pathological conditions which no treatment, however skillfully conducted, will permanently relieve, so long as the ever active agent in its production is present. Very many times I have seen these stubborn cases go on to rapid and permanent recovery while wearing a glass correcting the anomaly of refraction, which had before baffled all my resources. The treatment is, first, to get rid of the inflammatory trouble, and before work is resumed correct any existing defect in the refraction by suitable glasses, and to obviate the insufficiency of the rectus muscles by operation or by prismatic glasses.

That this distinction is not a refinement of nosology, my case-book bears me abundant witness, and I have, therefore, placed them in a separate category, hoping thus to more positively direct attention to them. I beg your attention to a brief analysis of over six hundred cases of conjunctivitis upon which these remarks have been based. It will be evident from it that the true catarrhal and strumous ophthalmia occur, for the most part, among the poor; that a very large percentage of cases of conjunctival disease, simulating more or less closely the one or the other, but associated with refraction and muscular anomalies, occur under very different hygienic conditions, and undoubtedly depend upon the defects in the eye itself. In my private practice, conjunctival disease occurred in seventeen per cent. of the whole number of cases treated; of these, 19 per cent. were catarrhal, 27.4 per cent. were strumous, and 53.6 per cent. were symptomatic.

At the dispensary service, on the other hand, 27.65 per cent. of the whole number of cases treated were of conjunctival disease. Of these, 35.6 per cent. were catarrhal; 41.4 per cent. were phlyctenular, and 23 per cent. were symptomatic.

Group.	Percentage to whole number of cases treated.		Percentage to number of conjunctival disease.	
	Dispensary.	*Private.*	*Dispensary.*	*Private.*
Conjunctival Disease	27.65	17	.....	.....
Catarrhal	.....	.....	35.6	19
Phlyctenular	.....	.....	41.4	27.4
Symptomatic	.....	.....	23	53.6

In the symptomatic group are included only the cases which came complaining of the conjunctival trouble as an important, and, in many instances, the only symptom, but in which there existed insufficiency of the recti muscles, or a considerable degree of anomaly of refraction, which was, in each case, regarded as an important agency in the cause of the disease, and treated by operation, or prisms, to relieve the muscular insufficiency, or, in the latter case, by the careful measurement, and correction by glasses, of the defect of refraction.

The persons usually applying at our dispensary services are exposed more to the influences which produce the catarrhal and strumous forms of disease, while they have much less demand for continued, accurate work at a near point, as in reading or writing. The opposite condition obtains among the more thrifty and well-to do classes of society; their pursuits calling for near and accurate use of the eyes, and a corresponding strain upon the muscles of convergence and accommodation. When, through some defect, this strain is unduly increased, it very frequently reveals itself in the group of conjunctival diseases which I have designated as symptomatic, and which so frequently baffle all treatment until the existing defect is obviated by proper means

—Dr. Ralph M. Townsend, formerly on the staff of the Reporter, is wintering in California.

FLUID WEIGHTS IN PRESCRIPTIONS.

BY ALFRED B. TAYLOR,

Of Philadelphia.

The National Convention of 1870, for revising the United States Pharmacopœia, by its sixth resolution, decided "That measures of capacity be abandoned in the pharmacopœia, and that the quantities in all formulas be expressed both in weights and in parts by weight." Although, owing to the great labor required in making the necessary reductions, and to the still greater difficulty and responsibility involved in selecting the most judicious readjustments of relative quantities, the Executive Committee of the Convention failed to give effect to this resolution, there seems to be little doubt that the tendency of modern professional thought lies strongly in the direction of the resolution, and that it will probably be carried into execution by the next decennial Convention of 1880. It is not too soon, therefore, to begin the work of preparation for this considerable revolution.

In the event of such a radical metric substitution, it is not to be expected that the existing quantities (by fluid measure) will be preserved, and merely translated into their equivalent terms of weight. This would only increase the complexity of therapeutic practice without giving any adequate advantage, since the ingredients of compounds as well as compounds themselves would be generally expressed in indeterminate or unmanageable fractions of the *grain* or of the *gramme*. It is obvious, therefore, that in accordance with the officinal formulas, the physician should learn to prescribe, and the druggist to dispense, his medicines in simple and integral units of weight.

It is not irrelevant here to note, that whether the ultimate system of conversion comprise the substitution of weights for volumes, or of one order of weights for another order, no necessity exists (excepting for purposes of rigid comparison) for preserving exact translations or precise equivalents of proportion. It is quite sufficient that good approximations to established values be attained. Physiologically and therapeutically there can be no very accurate determination of the mathematical value of an average effective dose of any agent; and no reason can be assigned for regarding one grain of opium (for example) as a medium sedative dose, rather than $\frac{1}{12}$ of a grain, except its convenience, by our existing notation. This consideration is calculated to prevent a large amount of superfluous labor and anxiety likely to be bestowed by some on very minute determinations of metrical equivalents.

In considering any attempt at the introduction of the proposed change of system in dispensing medicines, two formidable practical difficulties at once suggest themselves. First, that from the considerable range of specific gravity in the articles of the materia medica, ordinary prescriptions would fall into an extreme irregularity of disposition in relation to quantity; and secondly, that after such prescriptions were compounded and dispensed, they would present an extreme inconvenience and uncertainty in the administration of the proper dose to the patient. To meet and surmount these two difficulties, is the object of this communication.

In the first place, with regard to the method of prescribing. By means of carefully prepared tables (which will, undoubtedly, be universally current, and cheaply accessible), the physician should accustom himself to think of, and employ, the nearest simple unit of weight for a single dose of each of the active agents employed. These units being severally noted, should be written down in the recipe, preferably in multiples of eight (8, 16, 24, 32, 40, 48, etc.), as this will be found much more convenient to the dispenser in distribution (whether of pills, powders, or mixtures), than would be multiples of ten. The number of doses being thus selected, they should be incorporated (in the case of fluid mixtures) with a sufficient quantity of the adjuvant, or the inert vehicle, to make the whole mixture amount to a determinate volume, dependent on the consideration and solution of the remaining difficulty.

In the second place, with regard to the method of administration. As it would be manifestly hopeless to expect that patients or their attendants would have either the means or the skill to weigh out each particular dose of a fluid medicine at the time of its use, the familiar spoon, so universally "resorted to for dividing the medicines at the bedside," must continue, as pointed out by Professor Maisch in this journal,* to "be employed in the sick-room." Were the whole mixture made a determinate weight, therefore, even though the precise value of an

* "The Use of Metrical Weights in Prescriptions," MED. AND SURG. REPORTER, Sept. 9, 1876, vol. xxxv, p. 202.

ordinary teaspoonful (or of a fluid-drachm) could be estimated, the dose might naturally amount to three-fifths, or to five-sevenths, or some other equally impracticable fraction of such spoonful. The obvious conclusion from all which is, that while medicines should be prescribed by the weights of their doses, and carefully compounded by the weights of their doses, the physician should provide that the finished mixture shall, for the purpose of dispensation and administration, measure a determinate fluid volume, comprising by multiples of eight the inevitable fluid-drachm, or popular teaspoonful.

This comparatively simple compromise appears to present the only practicable solution of the problem in hand. Whatever the standards employed in the preparation of the liquid (from the simplest to the most composite), the dose, as actually administered and taken, must constantly be some familiar measure of volume; and it will, therefore, become the duty of the physician (and of his executive minister, the pharmacist) to consider and accept this stubborn fact. While, for example, the dose of the standard "tinct. opii" would be registered and prepared in grains (or their equivalents), it must ever continue to be taken in drops, the popular equivalent of minims. So the physician wishing to administer, say the sixteenth of a grain of strychnia, a grain of quinia, together with a half-drachm, by weight, of the compound tincture of gentian, in a little syrup, would frame his prescription as follows:—

℞.	Strychniæ sulph.,	gr.1.
	Quiniæ sulph.,	gr.16.
	Tinct. gent. comp.,	℥ss.
	Syrup. zingib., a sufficient quantity.	M.

To make in all two fluid ounces.

This would give sixteen fluid-drachms (or teaspoonfuls), each containing the desired weight of the several agents indicated: and this is but carrying out the plan in very general use.

Should our own familiar weights be abandoned and superseded by the adoption of the metrical gramme, as advocated by Professor Maisch, in his article already alluded to (and as seems to be the tendency of "manifest destiny"), then a further suggestion occurs, as probably best adapted to bring such unit into convenient relation to the popular need and usage.

First, by the employment of "grammes" and "centigrammes" only, for all medicinal weights, the notation would be at once familiarized by its precise analogy with that of our established currency, which is always expressed in similar terms of "dollars" and "cents." Thus, 2½ grammes should never be so written, but always grammes 2.50 (equivalent to 250 centigrammes). "Decigrammes" should be an unknown quantity. "Milligrammes," the analogue of our monetary "mills," would be written in the same manner, and would probably be as rarely used.

As the notation $ 0.00,7 expresses 7 mills, so (using G as the abbreviation of gramme) the corresponding notation, G 0.00,7, would express 7 milligrammes; preferably, 7 tenths of a centigramme. The expression, G 0.00,1 (1 tenth of a centigramme), is practically equivalent to 1 sixty-fifth of a grain; while—

1 gr. is practically equivalent to	G 0 06,5	(6½ cg.)
2 grs. "	" G 0.13	(13 cg.)
G 0.01 (1 centigramme)	" gr.⅙—	
G 0.10 (10 centigrammes)	" gr.1½+	
G 1.00 (1 gramme)	" 15⅘—	
G 4.00 (4 grammes),	" ʒi (+1¼ grs.)	

Eight times the latter weight (G 4.), or G 32, would be in excess of 1 ounce only 13⅓ grains; ordinarily a wholly insignificant difference.

Secondly. By the employment of a related metric unit of capacity, it will be easy to attain the "objective point"—a convenient administration of the dose. The gramme of distilled water is, by the metric system, called a "millilitre," and represents very nearly 16¼ minims; differing, therefore, but slightly from the fourth part of a fluid drachm, or 15 minims. This metric unit of capacity might very appropriately and suggestively be designated a "fluigram," being required only for medicinal uses, and being directly related to the assumed standard weight of pharmacy. Four of these "fluigrams" represent a capacity of 64.9 minims, or not quite 5 minims more than our fluid drachm; which, translated into the "vulgate," signifies 5 drops over the average teaspoonful. It is needless to say that common teaspoons vary much more than this in their capacity, and very much more in their usual condition of "fullness." If, therefore, the physician were to frame his finished dose of a mixture on the basis of this measure, there would be practically no inconvenience or inaccuracy in directing it to be administered in the usual way.

In order, however, to remedy the very irregularity which now exists from the uncertain capacity of the common teaspoon, it would be very desirable that a medicinal spoon of uniform and standard capacity should be authoritatively and generally adopted. Were the "Metric" weights established, spoons accurately made to hold exactly four fluigrams might very properly be called "metri-spoons," and would prove a great convenience both to the physician and to his patient. They should be manufactured both in glass and metal; and for facility of movement without spilling, as well as for greater accuracy in filling, the bowls of such medicinal spoons should be deeper and more spheroidal than those in common use.

For larger doses than the teaspoonful but a single additional measure would be required to complete the domestic equipment, a substitute for the very uncertain two-ounce "wineglass." A glass vessel somewhat of the form of the apothecaries' two-ounce graduate, accurately marked to show the capacity of 17.314 fluid drachms, might be called a "metri-glass." Its capacity would be in excess of the double fluid ounce by f.$\mathfrak{Z}1\frac{1}{3}$; and if graduated to eighths, its lowest division would represent the double "metri-spoon." This useful vessel would, therefore, comprise the equivalents of the double teaspoon or dessertspoon, the tablespoon, the double tablespoon, and the wineglass.

These two terms, "metri-spoon," and "metri-glass," would, from the nature of the case, soon come to signify the abstract measure, as well as the concrete implement; rendering the use of the suffix "ful" superfluous. The direction, "a metri-spoon three times a day," would thus naturally supersede the expression, "a metri-spoonful." Were the gramme and centigramme authoritatively adopted, the employment of these weights (after having been translated by suitable tables) would be found to be much less troublesome than might be supposed. With a little practice, the use would, of course, soon become as convenient as that of our own weights at present.

The following illustrations of "metric" prescriptions may here be given, to show their comparative facility.

℞. Potassii nitrat., G. 5.20 (= gr. 80¼)
Pulv. scillæ, G. 1.00 (= gr. 15⅓)
Ft. pulv. in chart. 8 divid.
Sig.—One powder to be taken two or three times a day.

Each powder will, therefore, contain of the nitrate of potassium, 10 grains ($+\frac{1}{10}$ grain) and of the squill 2 grains ($-\frac{1}{14}$ grain).

The officinal "Compound Cathartic Pill" (U. S. P.) contains 1½ grains of the compound extract of colocynth, 1 grain of powdered jalap, 1 grain of the mild chloride of mercury, and ¼ grain of powdered gamboge. Supposing that it were desired to make forty-eight of these pills by "metric weight, naturally forty-eight times these respective quantities translated into the nearest whole number of grammes and centigrammes would be the weights of the ingredients employed for the mass.

℞. Ext. coloc. comp., G. 4.00 (= gr. 61¾)
Extr. jalapæ, G. 3 00 (= gr. 46$\frac{3}{10}$)
Hyd. chlor. mitis, G. 3.00 (= gr. 46$\frac{3}{10}$)
Gambogiæ, G. 0.80 (= gr. 12⅓) M.
Ft. pill. 48.

Of the last named article, the quantity might be written 80 cg. Each pill will contain of the first ingredient $\frac{1}{21}$ of a grain less than the officinal quantity; of the second and third ingredients $\frac{1}{18}$ of a grain less than the officinal quantity; and of the last ingredient $\frac{1}{138}$ of a grain more than the officinal quantity. Were there any assignable object in preserving the precise quantities given in the Pharmacopœia, to the nearest grain for the whole mass, this could easily be effected by taking of the first ingredient G. 4.15, of the second and third ingredients G. 3.11, and of the last ingredient 78 centigrammes. While, however, there would probably be no appreciable difference of action between these two proportions, the former recipe is evidently the neater formula.

As an example of a fluid medicine or mixture, the formula of the well-known "Griffith's Myrrh Mixture" (*Mistura Ferri Composita* of the U. S. P.) may be offered:—

℞. Myrrhæ G 4.00 (=gr. 61.74) an excess of 1¾ gr.
Sacchari G 4.00 (=gr. 61.74) an excess of 1¾ gr.
Potass. carb. G 1.75 (=gr. 27.) an excess of 2 grs.
Ferri sulph. G 1.40 (=gr. 21.6) an excess of 1$\frac{6}{10}$ gr.
Spt. lavand. G 14.50 (=gr. 223.8) a deficit of 1½ gr.
Aquæ rosæ a sufficient quantity to make in all 240 "fluigrams" (or 60 "metri-spoons").*

These examples are sufficient to indicate the real simplicity of the method for expressing not only fluid quantities by weight, but also those weights in the unfamiliar "metric" system.

*It may be noted that the quantity, 60 "metri-spoons (240 "fluigrams") is almost exactly equal to 8 fluid ounces, being equal to 64.9 fluid drachms.

To recapitulate—the purpose attempted in this paper has been to point out, first, that fluid medicines may be as easily prescribed and dispensed by weights as by volumes, after a proper tabulation of effective and maximum doses of the entire materia medica in units of weight; secondly, that mixtures so prepared may be administered with perfect facility by familiar measures of volume; thirdly, that in the event of the officinal adoption of the "metric" gramme, its notation can be made exceedingly simple and convenient; fourthly, that in this case, while no serious disadvantage would result from the retention of the familiar fluid-drachm, or teaspoonful, yet, for the sake of greater precision and neatness, the "fluigram" (the French millilitre) should be the popular unit of volume for the actual administration of fluid medicines; and lastly, that, for the sake of certainty and uniformity, the "teaspoon should be replaced by a standard medicinal spoon, holding just four "fluigrams," and the ordinary, but variable, "wine-glass" should, in like manner, be superseded by a "metri-glass" having the capacity of sixteen such standard medicinal spoons.

These suggested reforms would none of them be found to be very difficult of introduction, and they would result in the advantage to the profession of a great permanent convenience, facility, and trustworthiness in the employment and exhibition of therapeutic agents.

LIMIT OF THE SURGEON'S RESPONSIBILITY.

BY FRANCIS H. MILLIGAN, M. D.,
Of Wabashaw, Minnesota.

Read before the State Medical Society, February 1st, 1877.

The responsibility of the medical man, more particularly the surgeon, has been, and is now, the source of a great deal of medico-legal discussion.

In this country and in England the great weight of the authorities is, that no distinction exists between regular and irregular physicians and surgeons.*

1. If the defendant acted honestly, and used his best skill to cure, and it does not appear that he thrust himself in the place of a competent person, it makes no difference whether he was at the time a regular physician and surgeon or not.

2. To constitute guilt, gross ignorance or negligence must be proved.

3. A defendant, who, with competent knowledge, makes a mistake in a remedy, is not answerable; but it is otherwise when a violent remedy, shown to have occasioned death, is administered by a person grossly ignorant, but with average capacity, in which case malice is presumed, in the same way that it is presumed when a man, *compos mentis*, lets loose a mad bull into a thoroughfare, or casts down a log of wood on a crowd.

4. When competent medical aid can be had, the application of violent remedies by an ignorant person, though with the best motives, involves him in a criminal responsibility.

5. Express malice, or an intent to commit a personal or social wrong, make the practitioner criminally responsible in all cases of mischief.

There is a growing opinion in the community, that the surgeon should be held responsible for all the failures that occur in his practice. If a deformity results from a fracture, or an operation proves a failure, the surgeon is not only blamed by the community at large, but, unfortunately, his own brethren are too often ready to lend their aid to the general clamor. Therefore, at least two-thirds of all the difficulties resulting from malpractice suits are the result of words spoken in an unguarded moment by some rival practitioner. This is not the case with the practitioner of medicine, for however badly a case of disease may have been treated, few, if any, physicians are blamed for the results. On the other hand, let a surgeon cure a fracture with deformity, or reduce a dislocation, or fail to cure a diseased joint, and he is too often blamed for the results, over which he had really no more control than the physician over the disease treated by him.

Years ago, in civil practice, I attended a case of gunshot wound of the left lung, penetrating the cavity of the thorax, the ball being extracted by me from near the spinal column, on a line corresponding to the lower border of the left scapula. This case remained under my care for about three years, the wound of entrance never healing. The patient, being desirous of having the opinion of some more experienced surgeon, went to St. Louis, and consulted the late Professor Charles A. Pope. After having examined the case thoroughly, Dr. Pope re-

* See Wharton & Stillé, Ed. 1860, Sec. 1253.

marked, in that kind and gentle manner which was so peculiar to him, "My man, it is too late; I can do nothing for you." Now, this remark caused my patient to return to his home with the idea that I was responsible for his not being cured. I immediately wrote to Dr. Pope, and received an answer, in due course of time, expressing the following language: "All was done by you, in the case, that could have been done by any man (good or bad surgeon). The result would probably have been fatal under any treatment, and you, my friend, are not to blame, or responsible, for the result. The remarks uttered by me to Mr. W. were intended to mean far different from what he construed them, and is another instance to show that we cannot be too guarded in our language to the patients of others."

Public opinion, however, will very often err in regard to the success of a surgeon. Operations of the most simple nature get into the hands of the reporters of the secular press, and honor is too often bestowed where none should be given.

Again, our successes are heralded far and near, and our failures too often hidden from the public gaze and curiosity. Surgeons, as a class, are subject to all the frailties of other men, and we do not like to hear of our failures, but, in reality, enjoy the public esteem too often dishonestly obtained at the expense of our professional honor. It does rest upon us all to consider these things very carefully.* We are all the more bound to consider them honestly, and, if need be, with self-reproach, because these calamities are not such as the public can judge of; they are not instances of those negligences and carelessnesses which can be punished legally and openly.

All men are liable to error. Men of the largest experience, and of undoubted ability, often make very serious mistakes; for this reason it has always been my custom to request the opinion of my professional brethren, and thus divide the responsibility in case of failure.

We cannot pass over the remarks of one of England's most successful surgeons.† I venture to say that there is no surgeon in large practice, no surgeon to a large hospital, who has not once or more, in the course of his life, shortened patient's lives when he was making attempts either to prolong them or make them happier. And this, you will observe, is not merely the case with capital operations. When a patient submits to a large operation, it is always for the remedy of something that will render his life either very miserable or very short; and to escape so great distress, it is quite fair that a man should run great risk of his life.

Calamities in surgery may come of things which nothing far short of omniscience could have detected beforehand.

Tetanus may ensue, after a minor operation. We have no power to avert that, or even, in the smallest degree, to apprehend its approach. These, and other causes of the kind, and still more, the negligence of patients, would diminish, by a considerable number, the list of calamities for which we seem to be blameworthy.

There is a limit to the surgeon's responsibility. Notwithstanding the greatest care and attention deformities will sometimes occur, and a surgeon who has been in active business for a period of years, if honest, will admit that some of his cases resulted badly. We know that more than two-thirds of the malpractice cases are the result of fractures, and the deformity therefrom. If under the best care these deformities result, as a natural consequence, under the care of our country surgeons, who are but poorly provided with surgical appliances, they are to be expected oftener. In hospital practice or in our large cities better cures are made in fractures, not because the attending surgeon possesses more ability than his rural neighbor, but because he has greater access to his patient, seeing him daily, or if necessary, twice daily. This would be impossible in our rural districts, and hence we must all admit that the country surgeon meets with more serious results than the surgeons in our large cities.

An American surgeon* who at home and abroad justly stands in the front ranks of his profession in the "green room," has been in the habit of remarking that a surgeon in Wisconsin should know as much as one in Philadelphia, and insists that no man should take the responsibility of treating a fracture that he could not see daily.

The common law expects a surgeon to see his cases as often as the circumstances will admit. Neglect is a hard subject to go before a jury. It is right that it should be so. We will go as far as any man to punish neglect and ignorance

* Paget's "Clinical Lectures," p. 51.

† Paget's "Clinical Lectures and Essays," p. 53.

* Professor S. D. Gross.

on the part of a surgeon, but this general and vulgar clamor about a surgeon's being rich, and ought to be made to pay for the shortening of the limb of some pauper case which has fallen into the hands of some ambitious attorney, is unworthy the jurisprudence of the age, and ought to be done away with

The habit pursued by the eminent Dr. E. B. Wilcott, of Milwaukee, should be imitated by us all. When he is consulted by parties wishing an opinion to establish a case of malpractice, he examines the case thoroughly, takes notes, and invariably remarks to the parties, "what I know of this case, sir, I will tell to the court and jury." How much better is this remark than the one so often given; "a bad leg sir, *very bad*." "I have no such arm as this in my practice."

At a recent trial, in Red Wing, Dr. Hewitt was sued for malpractice, because he amputated a hand at the wrist-joint, on a minor pauper, in the month of December, 1868. This was a case of lacerated gunshot wound of the hand, opening the wrist-joint, tearing arteries and nerves; and because the little and ring-fingers could be flexed, this was considered sufficient to ground a suit for malpractice. The plaintiff actually thought that he had been maimed, and had, for seven years, brooded over his supposed wrong; the imprudent advice of some medical men, from the misstatements in the case of the plaintiff, was the cause of the suit. If a little patience had been shown, and the golden rule applied, this case would not have occurred. You all know how it resulted. And let me here take occasion to state that the attorney for the plaintiff deserves the respect of every regular surgeon and physician in the State, for the just and honorable manner in which he apologized to Dr. Hewitt and the profession at large for the unintentional wrong he had done them.

As a protection against suits for malpractice, your committee would earnestly recommend that the Legislature of the State pass a law of the same nature as the one recently passed in New York.*

—Among recent experiments made in Bavaria, relating to the preservation of animal food, the military authorities have derived great satisfaction from those in the desiccation of eggs. These can be preserved, in a dried state, retaining all their nutritive qualities, for transportation.

*Medical and Surgical Reporter, Vol. xxxiii, p. 256.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. J. M. DA COSTA, Dec. 22d, 1876.

REPORTED BY FRANK WOODBURY, M. D.

Case of Congestion of Brain, Complicating Brain Tumor—Convulsions, followed by Aphasia and Hemiplegia—Recovery.

Gentlemen:—About three weeks ago the patient just brought before you was admitted to the hospital suffering from acute catarrhal jaundice, following exposure to wet and cold. He also had an old history of syphilis, as we find recorded in the notes made upon his admission into the ward. His name is Frank P——; he is 42 years of age, and his occupation is that of a fireman. He acknowledges that when 19 years old he contracted a chancre, but he does not remember any subsequent or secondary symptoms, except that eleven years after he had a severe sore throat, lasting two months, which was then attributed to exposure while following his work. He has been subject to rheumatic swelling of the larger joints, but the affection has never been so severe as to keep him in bed. The present illness began about two months before admission, and followed unusual exposure during rainy weather. The first symptom complained of was constant pain in the head, which became more severe at night, and generally kept him from sleeping until morning. Two weeks later, he several times vomited a dark yellow bitter fluid, and his stomach became very irritable, rejecting everything, the nausea frequently requiring him to get up at night to vomit; he now noticed that he had a bad taste in his mouth, and that all his food seemed alike; even pickles had a sweetish taste. His skin soon became yellow, and when he applied for admission, presented the appearance of marked jaundice. His conjunctiva was slightly discolored; his tongue was furred, dryish, and yellow; he had no appetite, and the bowels were constipated. He had previously experienced occasional attacks of epistaxis, but there was no pain in the right shoulder, nor fever; tenderness was found in the hepatic region upon percussion, which, however, yielded no evidence of any abnormality in the size or shape of the organ. The headache continued severe for a week after admission, while his general condition rapidly improved. Under bicarbonate of soda and laxatives, with rest in bed, and an occasional anodyne at night, the patient steadily got better; the jaundice faded, the general condition was decidedly better, and, in short, he was considered convalescent, although still confined to bed, when, without premonition, yesterday afternoon, he had a convulsion, accompanied, or speedily succeeded, by unconsciousness, stertorous respiration, frothing at the mouth, with bloody sputum, congestion of the features, slightly dilated pupils, and clonic spasm of the muscles of the extremities, with a pulse of 120, but without elevation of temp-

erature. This passed off soon, but in the next twenty minutes he had two more such seizures, in which it was noticed that there was now some loss of expression on the left side of the face, and drooping and twitching of the corner of the mouth. The urine was tested and was found non-albuminous. In spite of bromide of potassium freely administered, stimulating enemata, and a blister to the neck, three more convulsions came on during the night, at short intervals, in the last of which the head was drawn strongly to the right side and downward.

This morning he is in the condition that you now see, conscious, but perfectly helpless. The pupils are contracted evenly, the pulse is 112, full, and moderately strong.

In proceeding to a physical examination of this paralyzed patient, the first point that we notice is, that his intelligence is good. He follows my movements with his eyes. He can open his mouth, and even, with some little hesitation, he is able to slowly protrude the tongue. The grasp of the left hand, although not strong, is distinct, but there is no power at all in the right. As regards the legs, he cannot move the right one at all; reflex movements, likewise, are almost entirely abolished. Although he lifts the left leg at command, yet he evidently does not move it as readily as he does the corresponding arm. From his prompt obedience, I can testify to his active intelligence, speechless as he is and only giving utterance to a few inarticulate sounds when he tries to answer a question. The loss of voice in this case is not due to simple paralysis of the muscles of articulation, as he can open the mouth, protrude the tongue, and swallow medicine or drink. This is evidently a case of acute aphasia, or loss of articulate language, in which there is also some facial paralysis and right-sided hemiplegia.

We have now established the following points. A patient with constant headache, with an obscure history of syphilis, while recovering from an attack of catarrhal jaundice, is seized with convulsions. Notice, that with unimpaired intelligence and memory, there is loss of articulate language, and of motion on the right half of the body; sensation is not much impaired, if at all. We have tested the urine, and have found no evidence of disease of the kidneys. Examining his heart, I find no signs of valvular disorder. The liver and spleen show no marked enlargement and no dropsy is present, neither ascites nor œdema.

In searching for an explanation of this case, we first recall the fact that where there is much bile in the blood we may have disorder of the brain. But cerebral jaundice is not so apt to be attended by convulsions as it is by slow pulse, stupor and coma, passing into death. I may mention, in leaving this point, that jaundice never causes brain symptoms, unless it is strongly marked; in this case they did not come on until the jaundice had nearly disappeared. In uræmic convulsions we would have albuminuria at some time in the case, but here, I may add, repeated examinations have failed to detect any albumen. We may, therefore, consider the kidneys as thrown out of the question.

What, then, is the matter with our patient? We cannot well ignore the paralysis, nor the aphasia; but to what can they be due? In my opinion, the source of the trouble may be found either in acute and localized congestion of the brain, or effusion, perhaps with a small clot, and the situation of the morbid action is in the left anterior hemisphere.

Now, there are two opposite views of the cause of the convulsions that might be taken; first, the congestion was the cause of the convulsions; or, secondly, the convulsions produced the congestion, the convulsions themselves being due to some other cause, such as a cerebral tumor, or similar growth.

We must now try to determine, first, if the muscular spasm was caused by the congestion, or due to brain-tumor. I hold to the latter view, because such attacks are not often due to mere congestion of the brain. Not a very striking reason, it is true, but I think we have more positive evidence in the fact that there must exist some cause for the attack. Remember that it came on while he was doing very well, lying quietly in bed, and without any external disturbing element. But on recalling his history, we find the view of an original brain disorder confirmed by the persistent, severe and localized headache, which now becomes significant. I believe that we have here to deal with a small growth, probably syphilitic, either in the meninges, or in the brain substance, giving rise to an acute attack of congestion and effusion. For further confirmation of this view, we will have his eyes examined with the ophthalmoscope.*

Now what is the prognosis; what is going to happen in this case? Is it to be speedily fatal, or will he remain a helpless and permanent paralytic? From the view I take of the case, I believe that he will get speedily well, that he will get entirely over the acute attack. We will then look after this small growth, and endeavor to prevent further return of the convulsions.

To help the patient through the present attack, we will keep up a rather free purging, and for this purpose he shall take powders of rhubarb (grs. x) and calomel (grs. v), several times daily, until the desired effect is obtained. The bromide of potassium also will be useful, to relieve the congestion; of this he may have thirty grains at night. We will also endeavor to control the circulation and start the kidneys, by ordering—

℞. Potassii acetat, grs.xx
Tr. aconit. rad., gtt.iij
Syrup zingiber, ♏xxx
Aqua, q.s. ad. fl.℥ss. M.

Sig. To be given thrice daily.

* It was afterward found, on attempting to examine the fundus of the eye, that so high a grade of astigmatism was present as to prevent such a view as would be conclusive, until the astigmatism was corrected by appropriate glasses.

He shall have another blister to the back of the neck, and an ice cap, being careful, however, not to freeze the scalp by its careless application. In a few days I propose to substitute for the acetate the iodide of potassium, in gradually increasing doses, partly to aid the absorption, and partly to directly affect the growth. It has earned an extended reputation in the therapeutics of brain tumors, but more especially in those of syphilitic origin, where it stands without a rival.

[Four days later it was noted that the aphasia and paralysis had both disappeared, and his condition was steadily improving. The acetate was then exchanged for the iodide of potassium, in ten-grain doses four times daily, under which he rapidly became convalescent. He had no further bad symptoms, and was enabled to return to his work, January 13th, 1877, apparently in excellent health.]

Ergot in Pulmonary Hemorrhage.

I wish to use the next case to illustrate the powers of the fluid extract of ergot in controlling hæmoptysis. This patient was before you at the last clinic, spitting blood. He was then ordered to be frequently dry-cupped, and directed to take the ergot in drachm doses. After taking four doses at intervals of three hours, the bleeding stopped, and he has had but one small hemorrhage since. He has still a cough, but it is attended only by the ordinary mucous expectoration. We will now give him, partly as a tonic and partly as an astringent, to prevent a return of his trouble, the dilute sulphuric acid, ten drops four times daily; and as soon as we find he can bear it we will put him on small doses of arsenic. I do not think that there are tubercles in his lungs, but even where there is no apparent inherited tendency, it is well to keep this possibility in mind; the cough might terminate in tuberculosis; and, therefore, as soon as we find his stomach will bear it, we will give him cod-liver oil.

Abdominal Aneurism of Aorta—Remarkable Result from Iodide of Potassium.

Before examining this patient, I will call your attention to some points in his previous history. His notes on admission state that his name is Frank McC., a laborer, and a native of Ireland. He is 52 years of age, and naturally of strong constitution. There is no known inherited tendency to any form of disease in the case; but the patient himself has been intemperate, and eleven years ago became inoculated with syphilis. He has since then had an eruption on his skin; and his wife has had a number of miscarriages. Nine years before admission he had an attack of smallpox, accompanied by severe lumbar pains, but has since been fairly well, until three years ago; when, following exposure to bad weather, he had severe lumbago, which did not yield to treatment. A year later this symptom became so aggravated that he was obliged, frequently, to sit up at night, the pain being unbearable when he was lying down. It should be stated that at this time, and previous to it, he had been working very hard at heavy labor and lifting. Six months afterward he noticed a pulsation in his stomach, accompanied by dull pain, increased after taking food. He also had troublesome nocturnal dyspnœa, that prevented him from resting in his bed, for weeks at a time. He never had rheumatism nor lancinating pain anywhere; but this aching pain in the back sometimes extends around at the sides, so as to give him the sensation of having a cord around his waist. If we add to this brief outline the fact that his bowels generally have been constipated, we have a fair idea of the course of his disease.

Removing the clothing from the patient's abdomen, and regarding the pit of the stomach attentively, you perceive the source of the symptoms just described to you, announced by considerable beating. The impulse is quite marked to the hand, but I cannot say that it is associated with thrill; and the throbbing is less marked in the erect posture than when he is lying down, but still no thrill is developed by the change of position. By percussion, we find the area of dullness outlines a tumor in the epigastric region, occupying, generally, a central position, but extending further to the right side than the left, and from the ensiform cartilage nearly to the umbilicus. To the right, the impulse is more expansive than to the left. Placing a stethoscope over the point of greatest pulsation, I distinguish a short, rather harsh, mitral, systolic murmur in the tumor; and proceeding to examine posteriorly, I find the same distinct, hoarse, short, single murmur, more marked than in front, heard best to the left of the vertebral spines, on a level with the upper lumbar, or lowest dorsal vertebra. In this location he also complains of tenderness when I press upon it, but I can discover no abnormality of the bone. Listening to the heart, I find evidence of a certain amount of hypertrophy with dilatation, and a faint systolic apex murmur.

I have said that this is a case of abdominal aneurism. I will now give my reasons for doing so, and see if this diagnosis will explain all the symptoms. Fortunately, for demonstration, this is a case more easy to diagnosticate than most cases of aortic aneurism in this situation. Ordinarily the diagnosis is beset with difficulties, and at times the disease is so obscure as to elude even skilled observers. In general terms, the diagnosis may be said to be based upon—1, extended impulse; 2, murmur and thrill; 3, increase in percussion dullness, or, in brief, the signs of a swelling. What adds to the difficulty is, that extended impulse may be a symptom of mere sympathetic or nervous palpitation, especially in excitable women, where it may be found to exist in even a more marked degree than in the patient before you. Such cases are distinguished by absence of murmur, and more especially thrill, and there is no increase of percussion dullness.

It is true that an anæmic murmur may complicate the case, but the character of the sounds furnished, and their presence in the vessels of the neck, and elsewhere, will give the clue to the true cause.

A more difficult differential diagnosis is that between abdominal aneurism and an overlying tumor pressing upon the aorta and transmitting its pulsations. This will give extended percussion dullness, extended impulse, and, perhaps, a blood murmur; but the early history and the progress of the case will be of great assistance in deciding upon the disease. I will give you one point, however, that should be borne in mind: one of the most constant signs of abdominal aneurism is pain in the back; remember this fact, and search for this marked symptom, as well as for tenderness on pressure. Another mark is found in the existence of a murmur, which is most distinctly heard at the back of the patient.

In this case we have an amount of dullness and expansion that can scarcely be confounded with anything else. But why is there no thrill? While thrill frequently accompanies abdominal aneurism, there are cases which attain a large size without it. The absence, then, of thrill, is no conclusive evidence on the other side.

Briefly to review the case, we have an abdominal tumor, with throbbing, murmur, dullness, with the general appearance of a tumor; in other words, we have the signs of abdominal aneurism. There are a number of other confirmatory points that I will not have time to dwell upon.

Notice, however, that there is no cachexia present, nor would we expect it in such a case, except from pressure upon the thoracic duct.

Now, to consider the cause. The patient is not an old man; there is here no senile degeneration of the vascular walls. He has had some hard laboring work, but he had pain in his back before. Let me state, broadly, that where abdominal aneurism occurs in early life, or beginning middle age, it is likely to be due to syphilis. We read of its prevalence among soldiers, from this cause.

You must not suppose, however, that syphilis directly produces aneurism, but that the vessel gradually undergoes degeneration, by which its fibrous tissue is weakened and is prepared to yield suddenly under unusual strain or lifting work, or the other coats have less resisting power, and gradually give way. Syphilis is thus a very positive and active predisposing cause of aneurism.

Having discussed the pathology, we will briefly turn to the treatment. The first principle is rest; the patient must be kept in bed, and not allowed to get up until the disease is under control. He shall have a moderate amount of nourishing food, sufficient at all events to make fibrin enough for the blood, so as to favor coagulation on the inside of the sac. While the pulse continues above 60, give him two drops of tincture of aconite each night. His bowels must be kept open, daily, with Seidlitz powders. He must, under all circumstances, be cautioned to avoid all strain, by lifting or in defecation, and lead a quiet life, mentally and bodily.

It should be stated that the patient has been previously under treatment at this hospital, last spring, and was discharged, after four weeks' care, greatly improved by iodide of potassium, in ten-grain doses, thrice daily. He has also been taking this during his present stay in the ward. We will now double the dose, and direct it to be given in increasing amounts, until some effects are noticed.

The explanation of the treatment by iodide of potassium is suggested by what you know of the primary cause of this trouble; but apart from this, the iodide, in decided doses, has been found to be an excellent remedy in abdominal aneurism. It is not an old one, having been much used only for five or six years, but a number of cures from its employment have already been reported, of which I have had one. Some observers think that it acts by favoring the absorption of the lymph and leading to its reorganization; while others hold that it encourages the deposit of fibrinous layers on the inner coat of the aorta, thus diminishing its size and leading to contraction. But, however this may be, we have sufficient evidence to establish the claims of potassic iodide as a valuable remedy in abdominal aneurism.

[The patient was treated as directed, the iodide being cautiously increased to three drachms daily, which he took without inconvenience for more than a week. As the greatest improvement was now noticed in the aneurism, the dose was reduced to 100 grains per diem, which he was taking at the time he was again shown to the class, January 20th, with the tumor much reduced in size, the throbbing scarcely discernible, and all pain and inconvenience gone.]

Medical Societies.

PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY DR. FRANK WOODBURY.

Conversational meeting, held December 27th, 1876. Dr. Thomas M. Drysdale, President, in the Chair.

Dr. S. D. Risley read a paper entitled "A Clinical Study of the More Frequently Occurring Forms of Conjunctival Disease," for which a vote of thanks was tendered the author.

Dr. William Goodell remarked that he had come to the meeting from a sense of duty alone. He was not familiar with even one-half of the terms used by ophthalmologists, and the whole subject of eye diseases was, to him, an arid one. But, to his surprise, he had found himself

deeply interested in the very instructive paper just read. There was but one criticism he wished to make, and that was the omission, on the part of the author, to touch upon the only form of conjunctival trouble which more especially passes under the attention of the general practitioner. He referred to *ophthalmia neonatorum*. For this troublesome affection he had drifted into a routine treatment, which had thus far given him very satisfactory results. Thrice daily were the lids parted, and the eyes syringed out with a saturated solution of alum. To this simple treatment a large majority of cases quickly yielded. But when the disease proved stubborn, he, in addition, instilled into the eye, once daily, a solution of twenty grains of the silver nitrate to the ounce of water, taking care afterwards to decompose the excess by brushing the lids with a saturated solution of table salt. Out of a large number of cases thus treated, he had but one of failure to report. In this case the child became blind. It died shortly afterwards, from congenital syphilis, which was the cause of the ophthalmia. He was glad to find that Dr. Risley advocated the local use of iodoform in photophobia. He himself had been led to think that it would do good in this affection, for there was no better local anæsthetic. The proportion of one part of iodoform to two or four of lard had proved of signal service in the treatment of chapped nipples, while a suppository containing five grains would always allay the pain of an anal fissure, and sometimes cure the disease.

Dr. Benjamin Lee inquired whether division of the external canthus was the accepted treatment of those cases of strumous ophthalmia, where there is spasmodic twitching of the orbicularis, and in which the morbid action is sustained by the rasping of the inflamed tarsal conjunctiva over the globe. He would also ask in regard to the treatment of those cases of conjunctivitis which are accompanied by disease of the nasal passages, as in hay fever. In the last-named trouble he had seen marked results from the insufflation of a quinine solution.

Dr. Risley, in the cases of spasmodic closure of the lids, had been disappointed with the operation of section of the canthus, but had found that it, with the other symptoms, usually subsided under treatment by atropia; after the inflammation is reduced, if the spasmodic element continue, douches of cold water will often quiet the twitching of the orbicularis, but only temporarily. In chronic granular conjunctivitis, with pannus, canthoplasty will often lead to a cure in a few weeks, when other efforts have proved abortive.

Dr. C. R. Prall has used the steam atomizer, with a solution of sulphate of zinc, with good results, in hay fever, the vapor being snuffed up the nostrils.

Dr. John G. Stetler had found signal benefit in a similar case from a constitutional impression with iodide of potassium, followed by atropia.

Dr. S. D. Risley desired to know the relative frequency of the occurrence of conjunctivitis in hay fever. The German writers mention a spring catarrh which is not seen in this country; perhaps it may be the analogue of our hay fever.

Dr. D. G. Brinton is annually called upon to treat five or six cases of hay fever, and had found that in each, if allowed to go on, the conjunctiva became finally involved, the conjunctivitis being secondary. He had faithfully tried arsenic, and iodide of potassium, without result. Quinine had failed him entirely; carbolic acid and sulphate of zinc have a soothing influence upon inflamed mucous membranes, and might give some relief in hay fever, but they certainly are not specifics. He had not been able to find any spores or distinctive microscopic character in the discharge, although the disease is undoubtedly due to some vegetable exhalation. As it may come on at any time during the summer, the term hay fever is a misnomer; in susceptible individuals dust will cause the disorder at any season of the year. It is a neurosis connected with constitutional idiosyncrasy, dependent upon a cause whose effects are invariable and not susceptible of cure, the only successful means of relief being the removal of patients from the neighborhood of the irritant. He has never seen a case cured, and Dr. George N. Beard, the author of an excellent monograph on this subject, has expressed the same opinion.

Dr. F. Woodbury had observed, in a case of strumous conjunctivitis, after applying the collyrium, that the saturated solution of common salt caused more complaint of burning than did the weak silver solution employed; it seems as if, in some cases, the saturated solution might produce so much irritation as to more than counterbalance the good from the caustic. He thought that the weak solutions of silver would not generally require neutralizing, but that when the chemical antidote was employed for this purpose, a larger quantity of a weaker solution, say about the density of the tears, would, perhaps, give equal satisfaction to the surgeon and more comfort to the patient.

Dr. S D. Risley endorsed the treatment recommended by Dr. Goodell. Mild measures are not only safer, but more successful. Having seen a case where inoculation of a nurse's eye occurred from the recoil or splashing of fluids from the eye of the child when a syringe was used, he now discards the syringe, and uses, instead, a pipette, as with it sufficient force could not be exerted to endanger a recoil of fluids. In the treatment of the purulent ophthalmia of new-born children, great cleanliness is essential. He preferred the mitigated stick of nitrate of silver, carefully applied over the conjunction of the everted lids, which should be previously cleansed, the surplus of the silver being neutralized by a saturated solution of common salt, so that the caustic shall not injure the cornea. He has instilled weak solutions of nitrate of silver in such

cases, and rubbed it about in the eye, by a finger on the lid, to insure its general action, but prefers the previously mentioned treatment. Some of the best results in the treatment of this disease he had obtained from a twenty per centum solution of carbolic acid in glycerine, which gives rise to less protracted pain than the nitrate.

Dr. Washington L. Atlee, in former years, had seen a number of cases of babies' sore eyes. Almost every case taken in its incipiency yielded rapidly to the application of a twenty-grain solution of nitrate of silver, dropped in the inner canthus, rubbed well around in the eye, and not neutralized by salt. Cleanliness was insisted upon.

He was pleased with the views expressed by the lecturer in regard to strumous ophthalmia, which differed essentially from those of the older writers. In such cases fresh air, tonics, and cod-liver oil are the more important part of the treatment.

Editorial Department.

Periscope.

On Trephining in Fracture of the Cranium.

M. C. Sedillot, in the *Gazette Medicale*, has recently put forth a further contribution in support of his view, that in fracture of the internal table of the cranial vault, with displacement of fragments, trephining is the only means of preventing complications that are almost invariably fatal. Of 106 cases of fracture of the cranium collected by the author, there are seventy-seven in which trephining was practiced, and twenty-nine in which no operation was performed. In nine cases the operation was preventive, that is to say, it was performed before the manifestation of any bad symptoms. In sixty-eight cases it was curative, and had as its aim the relief of serious complications, such as paralysis, loss of consciousness, convulsions and coma. In twenty-one of the latter set of cases the operation was performed before the sixth day from the receipt of injury, and in the remaining forty-seven cases after this period. In all the 106 cases the internal table was fractured. In twenty-one cases the external table was not involved, and in most of these the symptoms were so slight that the gravity of the injury was overlooked.

Out of the twenty-nine cases of comminuted fracture of the inner table in which trephining was not performed, there was one recovery only and twenty-eight deaths. Of the seventy-seven patients who were trephined, thirty recovered and forty-seven died. In nine of these cases the operation was performed for prevention of serious symptoms; in six with success, in three with a fatal result. In sixty eight cases the operation was curative, and resulted, in twenty-four of them, in recovery, and in forty-four, in death. Of the twenty-one cases in which the operation was performed before the sixth day from the date of injury, eight ended in recovery and thirteen in death. Of forty-seven patients trephined on or after the sixth day, fifteen recovered and thirty-two died. The mortality, M. Sedillot points, bears a direct proportion to the delay in the application of the trephine. Two-thirds of the number of patients were cured by "preventive" trephining, more than one-third by *early* trephining (before the sixth day), and less than one-third by *late* trephining (on or after the sixth day). Of the twenty-nine cases in which the operation was not performed, one only ended in recovery. These figures show, according to the author, that comminuted fracture of the inner table of the skull is an injury almost invariably fatal, unless the fragments are elevated or removed.

The Management of Condylomata.

Mr. G. R. Gilruth, of Edinburgh, says, in the *Medical Journal*, of that city, December, 1876:—

Many escharotics have been recommended, but after the excrescences have been touched once or twice with the nitrate of silver, the most potent seems to be nitric acid. This acid, with the exception, perhaps, of the first application, does not cause great pain, and by using oils, protection can be given to the healthy skin. Likewise, any irritation may be allayed, and the raw surfaces prevented from rubbing against each other, by applying cotton-wool soaked in black-wash, with gutta-percha tissue over it, and then securing this dressing by a handkerchief passed between the hips and fastened in front and behind. The acid seems to act not so much by destruction of tissue, as by causing dispersion of fluid.

The following case will be given, to exemplify this mode of treatment:—

M. B., a young gentleman, called on the 14th of July, 1875, on account of some growths about the anus. When the hips were held apart, a very disgusting appearance presented itself. The skin on each side of the anus was raised into red, raw-looking, damp ridges, whilst a number of smaller condylomata were found scattered over the nates. These excrescences had existed, he said, for about three months, and had resisted an application which he had been ordered by a

medical gentleman to apply. He suffered much pain, could hardly sleep at night, and during the day sat with difficulty. On his penis were several soft chancres, and on various parts of his body a pinkish rash.

The excrescences were touched during the first few days with nitrate of silver, and after the skin was smeared with oil, nitric acid, by means of a rod, was applied every second day; cotton-wool soaked in black wash being placed between the buttocks, and retained there by a bandage, and used as a dressing

21st July. Much reduced in size, being almost level with the sound skin.

29th July. With the exception of the merest vestige of one, the others had vanished, and the skin which corresponded to the situation of the excrescences had resumed its natural appearance.

The chancres were treated locally, and soon healed.

A Case of Complete Ablation of the Uterus.

An apparently successful case of complete excision of the uterus, for cancer, was reported to the last meeting of the German Society of Physicians and Naturalists, by Dr. Hennig, of Leipzic.

In the performance of the operation the uterus was first separated from its connections with the anterior wall of the vagina by a knife and scissors; next it was separated by the fingers from the anterior fold of the peritoneum; and then, since the vessels in the broad ligament bled but little, the fundus of the uterus was drawn forward, first with two fingers and afterward with a hook, so that its connections with the posterior wall of the vagina were divided without difficulty. The growth had invaded the posterior vaginal wall, and one tubercle involved the wall of the rectum, and in its removal a small opening was made in the rectum. The total length of the uterus was five and a half inches, and the carcinoma had invaded the whole cervix. It was found that the left ovary and Fallopian tube, adherent to the uterus, had been removed with it, and about one-half of the right Fallopian tube. Thus the uterus had not been separated from the peritoneum, as intended, but the tissue which was attached to the base of the uterus showed that old peritoneal exudations had filled up and enclosed the pelvic portion of the peritoneal cavity, in consequence, no doubt, of perimetritis. The opening in the rectum was closed with the needle, and a piece of ice put into the wound; there was little subsequent hemorrhage, and the wound was cleansed afterward by injections of salicylic acid twice a day. Considerable peritonitis followed, the temperature of 105° being reached on the fifth day after the operation, but it gradually subsided. The recto-vaginal fistula was closed by an operation four weeks after the excision of the uterus, and with the exception of a small superficial abscess from some enlarged glands, the patient's progress was most satisfactory. Four months later a small soft growth appeared in the neighborhood of the fistula, and was removed without difficulty, the fistula having become almost closed; and up to the date of the communication, eight months after the operation, no further symptoms of recurrence had manifested themselves, and the patient's health continued good.

On Psoriasis of the Tongue.

The following general conclusions are given in a contribution, by Dr. Nedopil, to Langenbeck's *Archiv*, of Vienna, on psoriasis of the lingual and oral mucous membrane, and on the relation of this affection to carcinoma:—

1. Psoriasis of the mucous membrane of the tongue and oral cavity is caused through a chronic inflammatory process which takes place in the proper mucous layer.

2. This chronic irritative process results in a new formation of young indifferent cells.

3. These indifferent cells, which lie near to the epithelial layer of the mucous membrane, are converted into true epithelium; hence results the formation of patches of abnormal, bulky and rapidly regenerated epithelium.

4. The epithelial layer of the mucous membrane, as in the normal condition of things, remains quite passive, and takes no part in the regeneration of these patches.

5. The deeply-seated indifferent cells of new formation are partly converted into shriveled, scar like tissue, and partly persist as round cells, which may finally displace the proper tissue of the mucous layer.

6. These indifferent cells, when in the substance of the mucous layer, and before they have attained their ultimate position, may acquire an epithelial character, and thus carcinoma is developed.

7. When carcinoma is developed from indifferent cells, they take on the mode of nutrition as is met with at other times in the surface cells.

The Results of Nerve Injury.

The following remarks were made by Mr. Gay, at the Northern Hospital, London, in a recent clinical lecture, reported in the *Lancet*:—

The results of nerve injury from accidents and operations are interesting. The division of considerable nerve-branches—such as (1) those we are more familiar with—viz., the ulnar and the peroneal; (2) of smaller branches, filaments, or twigs, near their peripheral termination, as in ordinary operations or wounds, or in skin-shifting; and (3) of sympathetic branches, as by experiment—is followed by curious results. In the first, the parts to which the divided nerve is distributed may suffer permanent or only temporary loss of nerve power, or that power may be partially recovered; in the second, in the course of severe wound, such as that just related, no

results attributable to nerve lesion can usually be detected; whilst in skin-shifting the effects of nerve lesion may or may not follow. In some instances, as in those about the neck, when not very extensive, they do not; neither do they usually about the face; but in the shifting of flaps, such as from the forehead, for the formation of an artificial nose, they do follow. But in such cases the result is generally in the form of hyperæsthesia: the nose "feels cold"—resulting, probably, from increased sensibility to the atmosphere; but it resents wounds and other painful injuries as usual; and this often passes away to a considerable degree. In one case, that of a gentleman from America, whom Mr. Gay saw for an incurable ulcer at the base of the great toe, the toe, from about the termination of the metatarsal bone, was devoid of all sensation. The case is worth brief narration. After making every attempt to cure the ulcer, which was about the size of a sixpence and deep, Mr. Gay cut it fairly out with its tissues, and, after liberating the edges by deep lateral incisions, brought the wound together by sutures. It healed, as did the lateral incisions; but it was replaced subsequently, by another ulcer of exactly the same kind and size. The tissues were wholly insensible during the operation. The anæsthesia was occasioned, the patient said, by removal of the toe nail twelve years before.

In experiments on a sympathetic branch, definite and well known results follow; but the like results do not seem to follow division of its peripheral nerve-filaments, nor do analogous results constantly follow division of the nerve-filaments of the ulnar or peroneal in the event of their division at this part of their respective courses.

Now do not these facts show that, whilst in wounds of nerve-branches of a certain size, and at a certain distance from their peripheral termination, certain functional disorders inevitably follow, the like results do not follow division of their ultimate fibrils? In other words, do they not render it probable that there is, in the periphery of the nervous system, a certain zone in which the insularity in point of conduction, which is so marked in every other part, especially as the nerve-branches approach the nerve-centres, does not exist; and that thus the function of one nerve-fibril would instantly be undertaken by another, in case of its being interrupted?

A Wonderful Tale.

That veracious and high-toned sheet, the New York *Sunday Mercury*, has printed a long account of "A Boarder's Awful Fate," from swallowing a cherry stone, which sprouted in his stomach and grew so vigorously that it killed him! An Illinois physician writes us the story is attracting much attention in his vicinity. He can assure these anxious souls that boarding house pies are often dangerous, but not in this way.

Reviews and Book Notices.

Book Notices.

Civil Malpractice; a Treatise on Surgical Jurisprudence; with chapters on Skill in Diagnosis and Treatment, Prognosis in Fractures, and on Negligence. By Milo A. McClelland, M. D. New York, Hurd & Houghton, 1877. 1 vol., 8vo, pp. 554. Price, cloth, $3.50; sheep, $4.50.

Dr. McClelland here presents a very useful volume. It is a collation of leading cases in alleged surgical malpractice in this country, with a few chapters on suits in obstetric, medical, and miscellaneous cases.

There is a growing tendency to hold the physician pecuniarily responsible for the possession of skill, and the exercise of sufficient care in his attendance on his patient. Though this, at times, bears hardly on honest workers in the profession, it is probably, on the whole, a benefit, as a deterrent to recklessness on the part of ignorant pretenders.

On the other hand, it is not pleasant, in looking over the causes tried by the various courts, to observe how often very obvious quackery has escaped scot-free. Juries seem to have a tendency to lean against scientific medicine, and favor an unblushing charlatan.

The first chapter contains a number of legal definitions, by no means the least valuable part of the volume. From it we learn that, as the law does not recognize systems of medicine, to term a person a "quack" is to charge him with a want of necessary knowledge to practice the system of medicine to which he belongs. As by a New York ruling (p. 4, note) a "medical clairvoyant" is a recognized practitioner, entitled to recover for professional services, and as it would be an arduous undertaking for any one to say how much knowledge it requires to practice that system, we had better all be cautious how we apply the opprobrious epithet referred to.

Interesting rulings are given as to the powers of Medical Societies over their members, confirming the unpopular position taken by this journal some years ago, in regard to the New York County Medical Society.

About one-half the book is devoted to alleged

malpractice in fractures and dislocations. Chapter xvi gives a series of tables from Dr. L. A. Sayre and Frank H. Hamilton, on Prognosis in Fractures. They have been published before, but are not of convenient access, while their value is great. Skill in diagnosis, skill in treatment, and negligence, are treated at considerable length, in separate sections. The book is a very valuable addition to the literature of jurisprudence in America. It is on sale by T. and J. W. Johnson, Philadelphia.

Johnson's New Universal Cyclopedia. Volume I. A–E. A. J. Johnson & Son, New York City. pp. 1696.

Among the several encyclopedias which now dispute the American market, the one whose title is placed at the head of this notice justifies, in many respects, its claims to prëeminence. It is as far superior to Zell's Cyclopedia as Trousseau's "Clinical Lectures" are to old Gunn's "Domestic Medicine;" compared to the unwieldly and costly Encyclopedia Britannica, it is what an American trotting wagon is to the lumbering mail coach; while its more formidable rival, Appleton's "New American Cyclopedia," is not only three times more in price, but is notoriously disfigured by partisan views in a number of its historical articles, and unfavorable discriminations in regard to contemporaries. On the whole, we have no hesitation in commending Johnson's as the most desirable work of its class to own that is now to be had.

The editors-in-chief are Dr. Frederick A. P. Barnard, President of Columbia College, and Professor Arnold Guyot, the eminent physicist and geographer. The articles in different departments of science are placed under the charge of associate editors, chosen from the most distinguished in the various branches. Thus, to confine ourselves to subjects more particularly germane to our own profession, the department of Medicine, Surgery, and the Collateral Sciences is under the charge of Dr. Willard Parker; Botany and Vegetable Physiology under Prof. Asa Gray; Chemistry and its Applications under Prof. Charles F. Chandler; Comparative Anatomy and Animal Physiology under Prof. Theodore Gill; Meteorology, Electricity and Magnetism under Prof. Joseph Henry, of the Smithsonian.

From this selection it will be seen that the corps of editors guarantee the quality of the work to be all that it should be. In our notice of the next volume we shall take up the individual contributors to the medical department, and examine how thoroughly this branch of learning is set forth.

Johnson's Encyclopedia will be completed in four volumes, large octavo, nearly two thousand pages each. It is sold by subscription only, the price of each volume ranging from $10.75 upward, according to the binding. Residents of Philadelphia can have the agent call upon them by sending a card to this office; others can address the publisher, who will see that they are shown the work.

Aids to Anatomy. By George Brown, M. R. C. S., L. S. A. Late Demonstrator of Anatomy at Westminster Hospital Medical School; Gold Medalist (1873) Charing Cross Hospital; formerly Prosector of Anatomy at the Royal College of Surgeons of England, etc. Cloth, 12mo. For sale by D. G. Brinton, 115 South Seventh street, Philadelphia. Price 60 cents.

It is certainly pleasant to witness any ingenuous attempt to aid the student in his early steps in the pursuit of his profession. Such an attempt has been made by the author of a little pocket manual of sixty-four pages, with the above heading. With the author we fully agree that anatomy is no more difficult for the mature mind of the medical student than geography for school children; and we think he could have gone further, with justice, and said that anatomy in all its details presents no greater difficulties, nor does it require more memory or perseverance, than the study of geography.

In the preface of this pamphlet, we find that the work was prepared in his student days, and first appeared in his note book. As a plan of note-taking it is worthy of the student's perusal, for we firmly believe that the pen makes one exact, and is a great aid to the memory.

No one with an honest desire to aid his fellowmen will enter the medical profession without a careful study of the first and most essential of books, Anatomy. This study the author is careful to recommend, but his error lies in limiting his abstracts to too few departments of anatomy, as if one were more important in its bearings than another. About half the pamphlet is devoted to special regions, and the remainder to the nerves; these evidently being the average student's vulnerable points on passing his medical examination.

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D. G. BRINTON, M. D., EDITOR.

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Philadelphia, Pa.

REMARKS ON WRITING FOR THE MEDICAL PRESS.

Much of the value of accurate observation depends on the skill with which the observed facts are arranged and presented to the minds of others. The lessons of experience are of small worth, even to the individual, unless he can so express them as to engage the consent and co-operation of others. In professional consultations, it must have been a not infrequent occurrence to all to witness a flimsy hypothesis, plausibly presented, overweigh the solid dictates of experience awkwardly stated. Hence it should be a prominent feature in the self-education of professional men, to mature and arrange their knowledge so that it will be in the highest degree available. The editor of a scientific journal has occasion constantly to compare reports of observations from different pens, and to perceive how often writers bury their wheat in a multitude of chaff, to the great detriment of themselves and their readers. Some mention of the more common of such errors will not be out of place.

The first and most distressing to such an editor is an effort at *style*—that is, the effort, not so much to tell facts, as to tell them in a particular manner. Thus we have seen reports of clinics where the patients were described in the phrases of a dime novel. Chlorotic girls had "pale and anguish-stricken countenances;" long malady had preyed on their "once damask cheeks;" hysterical women had been "rent and torn by strong emotion;" a case of delirium tremens had "struggled in vain against the hellish charms of the intoxicating bowl;" and so on. Such absurdities inevitably condemn the article to limbo.

In other instances the writer aims to relieve his subject by a flow of humor. His description of the patient is enlivened by jocose remarks on his appearance, or by describing some amusing occurrence in connection with him. While this is not always, and in every instance, to be condemned, it is very generally out of place, and should be avoided; and always and invariably so where the relations under discussion are those of the sexes; for nothing is more thoroughly distasteful to the man of culture than to meet equivocal jokes or coarse ambiguities in a scientific article.

Next is *diffuseness*. It is so much easier to climb by a circuitous path than to walk straight up, that the first draft by an unpracticed writer is certain to be at least double its proper length. In reporting cases it is not necessary to detail pulse, temperature, respiration, etc., at each visit, but only where such changes bear on the lesson the report designs to teach. Often extraneous matter about irrelevant previous history, or other patients, is inserted, which has no business in the report at all. There are very few articles in medical journals which should exceed eight or ten foolscap pages in length. Let every writer consider this his extreme limit, and if his pen inclines to go beyond that, let him unflinchingly strike out his paragraphs.

Diffuseness is greatly encouraged by *quotation*. Every physician should take for granted that his readers have read and own several standard text-books; hence it is worse than useless to quote long paragraphs from them, when a mere reference, or at most, a very terse abstract, would be ample. Moreover, science does not much respect authorities, and an argument based on them had better be suppressed altogether.

In this respect many papers err, through *absence of original investigation*. For the thesis of a student it may do very well to collate the opinions of a dozen or twenty authors; and an excellent class of medical periodicals and books cultivate that field exclusively; but such "reports of progress" do not belong to the department of "original communications" in journalism. What is wanted, is, for the writer to give the fruit of *his own* observation, and give it *briefly*.

A disagreeable fault in quotation is the use of hackneyed common places, such as "the ills which flesh is heir to," "knowledge is power," and the like. They add nothing to strength, and fall on the reader's palate with the stale flavor, as Juvenal expresses it, of "twice-cooked cabbage."

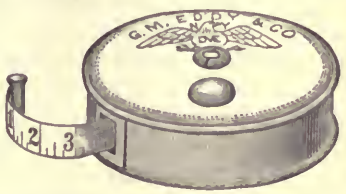
All *personalities* should be rigorously excluded. Scientific men are often sensitively jealous; and physicians are liable to suffer in purse when their scientific knowledge is proved at fault. The lapsus is told their patients by a competitor, and these desert them. But for all this, nothing is gained by increasing hostilities. As for "showing up" quacks, an extended observation inclines us to believe that, as a rule, the more they are shown up, the more they thrive.

Some minor oversights are also enough to lead many an editor to reject an article, on acccount of the needless trouble they cause him. Every one who writes for the press should use *black ink* and *white paper*, not lead pencils, nor colored sheets, which render even a good hand illegible; he should *never* write on both sides of the same sheet, for good and sufficient reasons, known to every printer, and needless to explain; he should *never* end his note to the editor with words to this effect:—"I have written the enclosed paper in a great hurry, and have not had time to correct it Please do it for me." The editor, nine times out of ten, has a great deal more to do than the writer, and if the latter doesn't take the trouble to clothe the progeny of his own brain in proper garb, he can't expect others to do it for him. Whatever is sent in should be carefully prepared and clearly written.

Notes and Comments.

A Metrical Tape Measure.

The engraving we give below represents a very accurate and well-made steel tape measure, manufactured by George M. Eddy & Co., Brooklyn, New York.



On one side it isdivided into metres and centimetres; on the other into English inches. Two lengths are manufactured, 1½ and 2 metres, at $1.50 and $2.00, sent by mail on receipt of price.

For employment in clinical measurements, life insurance examinations, etc., as well as for ordinary use, a more desirable form of measure could not be found.

How to Tie a Surgeon's Knot.

A surgeon writes to the *Lancet* the following minute directions on this point:—

Having placed your ligature under and across the artery, take a free end in each hand; keep the end in the right hand in front of the end in the left hand in crossing the string, so as to make it pass across, around and up under the end in the left hand; it will still be in front of the other free end, although it has changed hands: keep it in front in again bringing it

across, and complete the knot in the usual way; the result will be a reef knot. If instead you pass the right hand end (which, after passing across, around, and up under the end in the left hand, is transferred as before to the left hand, and is still in front) behind the end that was in the left hand (but in making the knot has passed to the right hand), in completing the knot you will make a granny. Again, take an end in each hand, the end in the right hand being behind; keep it behind, and pass it, as before, across, around, and up under the end in the left hand; it will come up behind; still keep it behind, and on completing the knot a reef knot will be the result. If instead, before completing the knot, you allow it to pass in front of the other end, so altering its position with regard to its exit from around and under the other end, you will form a granny. In either case the knot is begun differently, and may be completed in two ways, a right and a wrong. The rule, simply put, is: keep the end that comes up under (from around the other in tying the knot) always the same side. If it comes up in front of the other end, keep it in front of the other end in completing the knot. If it comes up behind, keep it behind, and you cannot help making a reef knot; all that remains is to pull it tight.

On Hydrophobia.

Dr. M. Charteris, of Glasgow, in reporting some cases of hydrophobia to the *Lancet*, remarks:—

"In presence of a malady which constantly terminates in death," says Trousseau, "the practitioner's duty consists in boldly trying everything." To my mind the only hope in hydrophobia would be, at an early stage, bleeding to syncope, and having blood transfused from a healthy human subject in proportion to the quantity lost. I would not hesitate to adopt the treatment if I should be so unfortunate as again to be called to see a case of hydrophobia.

New Anæsthetic Agent.

Rabuteau, in a memoir read before the Académie des Sciences, states that he has investigated the physiological properties and mode of elimination of hydrobromic ether. He has satisfied himself that this anæsthetic agent, which possesses properties intermediate to those of chloroform, bromoform, and ether, might be advantageously employed to produce surgical anæsthesia. The hydrobromic ether is neither a caustic nor an irritant. It can be ingested without difficulty; and applied without danger, not only to the skin, but to the external auditory meatus and to the mucous membrane. It is eliminated completely, or almost completely, by the respiratory passages, in whatever way it may have been introduced into the system.

Balsam of Peru in Pulmonary Catarrh.

Before the Medical Society of Berlin, lately, Dr. Wiss called attention to the fact that years ago balsam of Peru was recommended by Marcus in internal diseases, especially in chronic pulmonary catarrh. In two well-marked cases of this affection, of several years' standing, in old women, where auscultation and percussion showed the lung-tissue to be perfectly sound, and there was abundant puriform yellow expectoration, he succeeded in effecting a cure by the use of an emulsion of balsam of Peru in yolk of egg (4 parts in 120: dose, one tablespoonful every two hours). In one case recovery took place in eleven days, and in the other in three weeks; there was no return of the malady. He had previously given emetics and copaiba in these cases: under the use of the latter remedy, the quality of the expectoration had been improved, but its quantity had not been reduced.

Treatment of a Form of Deafness.

In cases of deafness from obstruction of the Eustachian tube, the quantity of gas contained in the drum of the ear diminishes. This diminution, generally attributed to absorption, appears rather to be due to diffusion by exchange with the gases of the blood. This fact has suggested to Dr. Loewenburg two new plans for preventing, or at least retarding the diminution of the air:—1. To insufflate air which has been alternately inspired and expired four or five times: this air, according to all foreknowledge, would remain inert in the presence of the gases of the blood. 2. Insufflation of hydrogen, a gas which resists the respiratory exchange of the lungs.

—The Committee appointed by the American Medical Association to urge upon Congress the printing of the "Subject-Catalogue" of the National Medical Library, has presented an earnest memorial to that effect.

Correspondence.

The Muriated Tincture of Iron a "Specific" for Erysipelas.

Ed. Med. and Surg. Reporter:—

Since 1855 I have been a subscriber to and a constant reader of some of the leading medical journals of the country, and have often wondered how it was that no one of our scientific men who constantly write our medical literature has ever enunciated the statement which heads this article.

In 1853, in the Baltimore City Almshouse, Hospital, Dr. Francis Donaldson taught me to treat erysipelas with fifteen-drop doses of tinct. ferri. chloridi, every four hours; and anointing the affected part with ung. hyd., one part, and glycerine, two parts, and to use nothing else, unless, as required, a mild purgative.

Regarding erysipelas as a constitutional and not a local disease, that it is the result of a blood poisoning, I have long since treated the disease, whether infantile or adult, idiopathic or traumatic, erratic, phlegmonous or gangrenous, with the tincture of iron, never using iodine, or the nitrate of silver, or any external application, to arrest its progress, and always with unvarying success. From 1853 to the Confederate war, during that war, in which I was a surgeon, and since that time, I have seen and treated hundreds of cases, and have yet to see or know one to die. This, I know, is strong language, but, nevertheless, true. I am, therefore, fully prepared to endorse most heartily all that is said in the January number of Braithwaite's *Retrospect*, just now out, pages 44–47, upon this subject, by Dr. Charles Bell, of Edinburg, Scotland. His plan, as also that by Dr. George W. Balfour, is to give thirty drops of the muriated tincture of iron, not the perchloride, every two hours, until the disease disappears.

The course I have pursued for the past fifteen years, is, with an adult, to commence with fifteen to thirty drops of the muriated tincture (I have never used the perchloride) every four hours, increasing the dose each time it is given by the addition of five drops, till the stomach rejects the medicine. Whenever this occurs, I decrease the dose to tolerance. I have, on one or two occasions, had the dose to reach two teaspoonfuls, and in one case I remember a tablespoonful. Beyond this I have never gone, nor do I think it would be necessary to do so; yet, should there be no yielding in the disease, and no vomiting, I would not hesitate. As soon as the system has become "saturated" with the medicine, the disease has invariably yielded and begun to recede. I give the medicine diluted with water, or sweetened water, enough not to injure the teeth. I sometimes apply a lotion, ferri sulph., ten grains, to aquæ, one ounce, by a cloth saturated with the solution, warm, to the affected part. This, with a mild aperient, when required, and sometimes quinine dissolved in the tincture, constitutes the whole treatment.

As stated already, for twenty years, in hundreds of cases, I have pursued and seen others pursue this course, and where followed, have never known it once to fail. I regard the tincture of iron (muriated) more of a "specific" for erysipelas, than I do quinine for "ague" or "chill." In my hands it has proved more certain. In the language of Dr. Bell, "the remedy must be given in full quantity and frequency which I have recommended, in order to produce its beneficial effect in the severer forms of the disease." Thos. M. Matthews, M. D.

Mt. Enterprise, Rusk Co., Texas, Feb. 5th, 1877.

The Diseases of Great Men.

Ed. Med. and Surg. Reporter:—

Some of the most illustrious men and women have been the victims of maladies of the nervous system. In almost every treatise on epilepsy, Cæsar, Mahomet, Petrarch, Napoleon, and Byron, are mentioned as being subject to this disease. It has been supposed by some that "the thorn in the flesh" of Apostle Paul, was his liability to epileptic attacks. Henry the Fourth, of England, after some time of ill-health, "became subject to dreadful fits, which would cause him to fall down apparently dead." These were undoubtedly epileptic in character. On the 20th of March, 1413, while he was at church, he was seized with a fit, and soon expired, being at the time forty-seven years old. Charles the Second, of England, in the midst of a life of vicious indulgence, was attacked by apoplexy, and died, after a few days' illness, on the 6th of February, 1685, in the fifty-fifth year of his life. Leonard Euler, while playing with one of his grandchildren, at the tea table, was seized with an apoplectic fit, and died in a few hours, at the age of seventy-six. Among the apoplectics we have such notable characters as Dickens, Thackeray, and Napoleon I.

Sir Charles Bell died, June 12th, 1842, of angina pectoris. He awakened with a frightful spasm of angina, asked to be supported, and immediately expired.

History furnishes abundant evidence of the frequency of affections of the mind among the magnates. Bishop Warburton, John George Zimmerman, Dr. Johnson, James V, of Scotland, King Henry, of England, Queen Elizabeth, and Frederick II, of Prussia, were all the victims of melancholia; Queen Francisca, of Portugal, George the Third, of England, Tasso Pascal, Wm. Collier, Cowper, Charles XII, and Dr Johnson, were subject to attacks of insanity. Victor Amadeus I, of Sardinia, was a victim of kleptomania. Of the three disputed discoverers of modern anæsthesia, Wells died of insanity, Morton from a stroke of apoplexy, while Jackson is hopelessly insane. Dr. Adam Clarke died of cholera; Oliver Cromwell, of ague; Robert Duke, of starvation; Sir Humphrey Davy, as a result of injuries to an elbow; Alex-

ander the Great, of malarial fever; Augustus II, of gangrene of an old wound; Camillus, of the plague; Chaucer, of old age; Queen Mary, of small pox; John Racine, of abscess of the liver; Dr. William Hunter was subject to gout, but during one of these attacks he was paralyzed and shortly died; Napoleon III died of embolism; Prince William, of England, and Shelly were drowned; Thomas Chatterton and wife of Shelly committed suicide; Lord Byron fell a victim of remittent fever; John Keats, Edward VI, and Lænnec, were destroyed by phthisis pulmonalis.

Prof. Dunglison perished from disease of the heart. John Locke was a sufferer with asthma. Burns shortened his days by his excesses; Southey was demented; Jeremy Taylor died of some fever; John Bunyan died in 1688, in London, it is said, in consequence of a cold caught in a journey undertaken by him in inclement weather, with the object of reconciling a father and a son. Thomas Otnay perhaps choked. "His death has been frequently cited as a striking instance of the miseries of a literary career. It is related that, when almost starving, the poet received a guinea from a friend, on which he rushed off to a baker shop, bought a roll, and was choked while ravenously swallowing the first mouthful." Louisa, daughter of George II, when Queen of Denmark, died of an operation for hernia, at the early age of twenty-six. Queen Caroline, her mother, also died of hernia, after an operation by the celebrated Ranby; and Caroline, of Brunswick, wife of George IV, fell a victim to strangulated umbilical hernia. In regard to Washington, the weight of authority is in favor of the view that the cause of his death was œdema of the glottis rather than croup, as is so often stated.

Philadelphia. C. C. VANDERBECK, M. D.

Poisoning by Aniline Solution.

ED. MED. AND SURG. REPORTER:—

On January 20th I was hurriedly called to see Mrs. W. W., an old German lady, aged 64, who had taken about a teacupful of acetous solution of (Magendie's) aniline, by mistake for currant wine, about thirty hours previously. Living eight miles away, they did not send at once, but thought that she would get better.

She had intense burning pain at the stomach and in the head, after swallowing, and she "could not get her breath." She took salt-and-warm water, but did not vomit until eight hours afterward, when violent emesis and purgation set in, and continued until I saw her, when she vomited stringy mucus, mixed with blood; she was a most exhausted. Her extremities were icy cold, and the head cold and clammy; intense pain, on pressure over the stomach, which was hard and enlarged; tongue pallid in centre, and very smooth and red at the tips and edges; eyes injected, lower lids puffed; complained of burning pain in the eyes; and, "Oh, my head will burst;" hard pulse, 84; temperature 98¾°; respiration labored, 44.

Began treatment by giving five minims Magendie's solution of morphia hypodermically, over epigastrium; in thirty minutes, ten minims on tongue; vomiting and diarrhœa stopped; heat and friction to extremities; five grains bismuthi subnitratis, with one-fourth of a grain of morphia, every two hours; also, ten drops tincture digitalis and five drops muriated tincture of iron, in sweetened water. Milk, with a little brandy; frequently, small quantities of ice to allay thirst; no water.

January 21st, 3 P. M. Pulse compressible, 96; temperature 99°; respiration 44; extremities warm; face pale, moist; eyelids purplish, œdematous; tongue coated with thick, white fur; pain less in the head and eyes; epigastrium hard, tense, painful; abdomen tympanitic; cannot drink water, because of pain; passed a little reddish urine. Stop bismuth; continue tincture digitalis and iron, milk and brandy, broth, barley-water; ten grains hydrargyri chloridi mitis, twenty grains bicarbonate of soda, to move the bowels.

January 22d, 4 P. M. Pulse and temperature 100; respiration 36; pallor of countenance increased; more pain in abdomen; no stool yet; extremities warm; give the following powder at bedtime and another at daylight:—

℞.	Leptandrin,	gr.j	
	Podophyllin,	gr.½	
	Ipecac.,	gr.½.	M.

One-fourth grain morphia at bedtime, and hop poultices over abdomen; continue treatment.

January 23d, 11 A. M. Had several copious stools. Feels better. Calls for food.

January 24th. Doing well; able to be up. Continually improved until February 3d, when she had completely recovered.

This is the second case that I have seen, of aniline poisoning. To what are these violent symptoms due? They undoubtedly point to arsenic, which I discovered with the few means at hand. The treatment was only expectant; I could meet symptoms only. Thirty hours afterward there can be no more poison in the stomach when there has been violent emesis and catharsis for twenty-two hours. If any of your readers have any cases to report, or any suggestions to make in the treatment, I should like to hear. HENRY P. WENZEL, M. D.

Theresa, Wis.

Mechanical Dysmenorrhœa and Sterility.

ED. MED. AND SURG. REPORTER:—

The saying is trite, that "doctors will differ," and when I shall have related a case or two from my own experience, it will hardly be thought strange that I should differ from Dr. Lombe Atthill in the position he took on the subject of dysmenorrhœa and sterility, in an address before the British Medical Association.

Madam I. B. G., aged about 30 years, had been a great sufferer from dysmenorrhœa ever since the inception of menstruation. The pent-up discharges not only gave her great pain,

but were so long escaping through the narrow canal of the cervix uteri that they became decomposed, and being absorbed into the circulation, so contaminated the blood that she was sorely afflicted with phlegmonous ulceration, disordered liver and kidneys, dyspepsia, etc.; in fact, her whole health was undermined and broken down; and as she had been long under treatment of various physicians, who had perhaps tried almost everything except mechanical means, without relief, she had well nigh despaired of recovery, and life had become almost a burden.

On the first interview, I frankly told her what my views were—that if she were to swallow all the medicine in the world, she could never be well without mechanical dilatation of the canal of the cervix uteri, to which she readily submitted, as the dernier resort. And I soon succeeded, by means of carbolized sponge tents, in effecting the dilatation necessary for free and easy menstruation, and with the aid of alterative tonics, she was soon restored to perfect health. As her husband died soon after her recovery, the question of her sterility remains open.

Madam P. L., aged about 30 years, would scarcely get through with one catamenial discharge before another menstrual period would arrive, with its train of agonies. She came under my treatment about two years and a half ago, when, upon first examination with speculum, I saw the long-retained menstrua, black as ink and thick as molasses, slowly oozing out through the os tincæ, about the size of a large pin, while she was merely semi-conscious, from severe suffering and prostration; she was literally in extremis. But by perseverance I succeeded, eventually, in dilating the canal of her cervix uteri, so that she menstruated freely and with ease

But this lady, as soon as I had enabled her, had to come in a hack, ten miles, to my office, for further treatment. And finally, I succeeded, to my great satisfaction, as well as hers, in introdnoing the tent through the entire length of the canal, and discharged her, with the hope expressed that she would not only have the gratification of passing her monthly periods without pain, but be rejoiced with an off-spring. But unluckily, in returning home over a rough road, the womb was capsized backward, and she, not knowing what had happened, suspected that I had maltreated her, and refused to have me called. But after she had suffered from the retroversion several days, in despair, I chanced to hear of it; and at once suspecting, from the account of the symptoms given, what was the matter, I voluntarily went and explained to her the nature of the case, and told her that it was an accident that might befall any lady at any time, and I proceeded, with reluctance on her part, to adjust the uterus, without any difficulty, and told her that it might possibly retrovert again, but that it was an easy matter to rectify it and relieve her permanently. But I believe I failed to disabuse her mind of suspicion of malpractice, and thus lost the credit to which I was so justly entitled, for curing so desperate a case. But since that time she has had two children. Now, if there be any other means of remedying such cases, I would be glad to know how to do it

D. W. Foster, M. D.

Ville Platte, La., January, 23, 1877.

News and Miscellany.

Society Elections.

At the annual meeting of the American Microscopical Society of the City of New York, held Tuesday evening, January 9th, 1877, the following officers were elected for the ensuing year:—**President*, John B. Rich, M. D., 1 West 38th street, New York; **Vice-President*, William H. Atkinson, M D., 41 East 9 h street, New York; *Secretary*, O. G. Mason, Bellevue Hospital, New York; **Treasurer*, T. D'Oremieulx, 7 Winthrop Place, New York; *Curator*, John Frey, Bellevue Hospital, New York.

O. G. Mason, *Secretary.*

*Re-elected.

Prominent Surgical Operations.

In a review of surgery, for 1876, the *Medical Press and Circular* remarks that the history of last year has been more remarkable for uncommon and successful operations, or the successful adoption of new methods of treatment, than for any original practice or discovery. But the successful performance of abdominal section in a case of extra uterine fœtation, with the preservation of both mother and child; the bold and successful extirpation of the spleen in two cases; the successful ligature of both external iliac arteries for double inguinal aneurisms; the very satisfactory employment in many cases of Esmarch's bandage in the treatment of popliteal aneurism; and the good results of using carbolized catgut in the ligature of arteries in the treatment of aneurism; these, and several other events which we cannot now call to mind, are enough to show that surgery has kept pace with the progress of other departments of the healing art.

Variations in the Use of Medicines.

Some interesting statistics are given in the *Archives Generales*, on the amount of some new remedies supplied by the medical men of the Assistance Publique. In 1869 the Central Pharmacy distributed 141 kilogrammes of chloroform against 308 kilogrammes in 1875. Chloral showed a still more rapid increase. In 1869 only 5 kilogrammes were required; while in 1875 360½ were consumed. Iodoform, from 250 grammes in 1859, rose to 28 kilogrammes in 1875; bromide of potassium rose from about 3 kilogrammes in 1855, to nearly 800 kilogrammes

in 1875; opium showed but small variations, but the same cannot be said of morphia, no doubt from the general use of hypodermic injections, for, from 275 grammes, in 1875 the amount rose to the enormous quantity of more than 10,000 kilogrammes. A very large augmentation in medicinal substances was also seen in the alcohol used in the hospitals and infirmaries of Paris. Thus, in 1855 the Assistance Publique only appropriated 1270 litres of alcohol to the use of the sick, while, in 1875 37,578 litres were used. The same increase is noticeable in rum and red wine. The use of white wine was sensibly diminished. The use of leeches has gone nearly out of fashion. In 1834 and the following years, up to 1837, the number of leeches employed exceeded a million; in 1874 the number had fallen to 49,000 only. The consumption of sulphate of quinine is on the increase, and represents 53,734 grammes in 1875, against 24,525 in 1855.

Removal.

Messrs. Snowden Brothers, the long established firm of manufacturers and importers of surgical instruments, have removed from Eighth street, to new and commodious quarters at No. 7. South Eleventh street.

Items.

—The latest remarkable industry is reported from Indiana, namely: hog resurrecting. The hog resurrectionists scour the country to find the bodies of porkers that died of cholera, which are made into soap. A petition to the Legislature recites these facts, and asks the prohibition of the business, on the ground that it is liable to scatter and extend the disease, and that the soap made from such diseased meat is unfit for use.

—It is stated that a large amount of ether drinking goes on in certain parts of the North of England. It is found that a man can get drunk at a much less outlay of money, on sulphuric ether than on alcoholic liquids; hence the consumption of the former drug is continually increasing.

—The scheme for creating a State board of examiners in Missouri has received the support of the State Medical Association, the St. Louis Medical Society, and also of a large number of the most influential members of the profession in the State. We doubt if it will work.

—After a study by Dr. E. McClellan, U. S. A., of the recent yellow fever epidemic in Savannah, he shows, by careful calculations, that the pecuniary loss to the city of Savannah and the State of Georgia, by the epidemic, was not less than $5,609,857.

Personal.

—Dr. M. M. Wishard, superintendent of the Orphans' Home at Knightstown, Indiana, committed suicide on the 14th instant, by cutting his throat.

QUERIES AND REPLIES.

Impotence.

Dr. A. J. Jessup, New York, replies to *Hallerus*, to employ general hygienic treatment. Five-grain doses of bromide of iron formed into a pill with extract of gentian, four times a day. Then, should there be considerable irritability, give twenty grains of bromide of potassium, in solution, at bedtime, each night. Enjoin abstinence from conjugal contact for a number of weeks.

Another.—Dr. C. B., of Miss., replies: I would suggest the following treatment. I will preface it by saying that I have found the phosphide of zinc the most suitable and reliable form of administering that important element, phosphorus. I have recently (and successfully) used, in two such cases as described by your enquirer, the following:—

R.	Zinci phosphidi,	gr.ix
	Extracti nucis vomicæ,	gr.xxss
	Extracti conii,	drachm iss
	Ferri redacti,	drachm iij
	Vel. ferri phosphatis,	drachm vj. M.

Ft. pill No. 90.
Sig.—Take one pill three times a day.

At the same time, as adjuvants to this medication, apply galvanism to the lumbar region, and electricity to the prostatic portion of the urethra, by means of a urethral electrode, the negative pole being over the sacral plexus; also cold baths to the spine twice a day, and monobromide of camphor at night, in sufficient doses to control sexual excitement, taken half an hour before retiring.

Abortion.

Will the injection of warm or cold water within the uterus and outside of unbroken membranes cause abortion? J. B. W.
Indiana.

Reply.—We presume there can be no doubt at all but that it can and will. We are surprised to learn that it has been doubted.

MARRIAGES.

COOPER—SERVICE.—At the residence of the bride's parents, on the 14th instant, by Rev. A. McElwain, Dr. E. F. J. Cooper, and Miss Annie E., daughter of L. M. Service, M. D., all of Philadelphia.

EISENBREY—BRADLEY.—Thursday, February 8th, 1877, at St. Peter's Protestant Episcopal Church, Germantown, by the Rev. Dr. Rumney, Dr. J. Lehman Eisenbrey, of Philadelphia, and Miss Mary A. Bradley, daughter of J. W. Bradley, of Germantown.

DEATHS.

ADAMS.—In Stockbridge, Mass., on the 10th inst., Eliza Prentice, wife of Dr. L. S. Adams, aged sixty years.

BIGGAM.—Suddenly, at Carlstadt, N. J., Saturday, February 3d, Henry H. Biggam, M. D., in the twenty-sixth year of his age.

BUTLER.—On Sunday, February 4th, Lawrence D. Butler, only child of Dr. George H. and Henrietta L. Butler, aged two years.

CATTELL.—On the 12th instant, at Deerfield, New Jersey, Dr. Samuel G. Cattell, in the forty-sixth year of his age.

JAUDON.—At Philadelphia, on the 9th instant, Mary, wife of Dr. Chas. B. Jaudon, and daughter of the late Commodore Bainbridge, United States Navy.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

ON THE FORCEPS.

BY WM. B. ATKINSON, M. D.

Delivered at the Philadelphia School of Anatomy, January 31st, 1877.

This lecture was the second by Dr. Atkinson, auxiliary to the course at this school, and was fully illustrated by the new method introduced by Dr. Atkinson. The pictures are photograph representations thrown on a large screen by the aid of the stereopticon.

The lecturer merely alluded to the history of the first invention of the forceps, and passed at once to the gist of his subject, the importance of a thorough knowledge, by the profession, of the use of this instrument. He dwelt upon the value, both to the mother and the child, of the early employment of this aid. He regards it in the same light as the administration of anæsthetics to relieve pain in surgical operations. He believed that the mother had a better getting up after the early use of the forceps than when allowed to suffer the agony and exhaustion incident to a protracted labor. He believed that much of the objection to the use of this help was caused by a dread imbibed by the student at the lectures in medical schools, and also by the immense mass of verbiage in too many of the books. "Meddlesome midwifery" was a bugbear that had caused the death of many infants, and of women in labor, and the incurable injury of many others. He counseled his hearers to throw to the winds these ridiculous teachings, and bring common sense to bear upon the matter. He quoted a number of works in which this instrument is mentioned almost with horror, its use to be deplored, its dangers great, etc. He alluded to the results of delay, and then, when the forceps had been applied, these evils were attributed to such application. He felt assured also that the mode of application of the forceps, as described in many of the books, was so confusing as to deter the young and even the old practitioner from having recourse to this invaluable aid until it was imperatively demanded, and then still more time was lost in the search for aid to apply the forceps.

He rapidly exhibited specimens of the various forms of forceps, describing their peculiarities, their mode of employment, their advantages or disadvantages. He believed the practitioner needed but one pair. Of course this pair must be what is known as the long forceps, so that they could be employed whether the head was low down or high up. Each of these points was illustrated both by the stereopticon and the manikin. The forms of forceps known as Elliott's, Simpson's, Wallace's, and Bethel's-Davis were preferred. The latter he had found extremely valuable, by reason of its pelvic curve.

The forceps were required, not merely to save the child, or when the mother was exhausted, but should be employed to shorten the labor, to prevent the beginning of that exhaustion; to avoid the long pressure upon the soft parts of the mother, and the consequent injury, as paralysis of the bladder, with retention of the urine, etc. He regarded their use fully justifiable and demanded just as soon as the labor flagged, or when it was evident that the delivery was becoming tedious. Given a case where all is going

on well but slowly, the woman is likely to occupy an additional hour or two; what advantage in waiting longer, and what objection to the interposition with relief? How often are we asked, "doctor, why did you not help me before?" and we can only reply with some vague excuse, when truly we could advance none that was tenable. It was time that the use of this instrument in obstetrics should take rank with all the other remedies or aids in relieving pain, anxiety, and protecting from danger, both to health and life. With the head presenting, regardless of its position, the pelvis and head having such relations in size as not to preclude the use of the forceps, the os uteri dilated or dilatable, the physician should then apply this help to shorten labor, and allow no unnecessary delay. The lecturer alluded to the rule to wait a certain number of hours, till the ear could be felt; till it is evident that the woman cannot deliver herself, etc., and forcibly showed their inapplicability in the vast majority of cases. He regarded the forceps as effective and safer in cases of rigidity of the perineum, as they aid in its dilatation, and also enable the accoucheur to control the passage of the head, and thus prevent laceration. The fears, so often expressed, of injuring the child or the mother, while applying the forceps, were shown to be unfounded where the physician used even ordinary care. Even the objections urged so strongly against the application of the blades of the instrument within the mouth of the womb were shown to be without force, and that this procedure was frequently rendered necessary in cases of rigid os.

In applying the instrument, he counseled the position on the back as in every way being the most convenient, and giving the practitioner full command of his case. He strongly descanted upon the unnecessary amount of obscurity with which the books had invested the whole subject, making a large number of positions of the head, in each of which the forceps were to be applied differently; necessitating the practitioner to make a most careful diagnosis as to the exact position, not always an easy task, too often almost an impossibility and requiring him to recall the special mode of fixing the blades in each of these positions. This was another of the reasons why the physician so often hesitated or delayed in having recourse to this aid.

The lecturer urged his hearers to banish all such points from their minds. To regard the forceps as an instrument employed to extract a more or less globular body from a chamber with a fixed form; the forceps were specially formed to adjust their blades to that chamber or excavation, else, why was the pelvic curve given to the blades. Hence, while the blades would, perhaps, fit best on the sides of the fœtal head, yet they should be passed into the pelvis solely with reference to the curve of the sacrum, catching the head as best they might. This plan would greatly simplify the whole matter. Nothing is to be remembered, save the peculiar curve of the pelvis. Valuable time is not lost in vain efforts to determine the exact position of the head. At once, much of the obscurity and difficulty which surround the use of the forceps is swept away. He then demonstrated this view as, not only perfectly feasible, but as being the most correct. He showed the impossibility of doing anything else when the head was high up, especially at or above the superior strait. He showed the ease with which this plan could be followed and the head extracted. He believed that, save when the head was low down, this plan was insensibly followed, even by those who taught otherwise. In so many words, the forceps should be made to follow the curve of Carus, both in entering and leaving the pelvis. The blades then must be passed up along the sides of the pelvis, grasping the fetal head as it might. He exhibited upon the screen how accurately the curve of the forceps was made to follow that of the pelvis. Even some of the authors unintentionally admit this plan while teaching the reverse. The physician in vain endeavors to compel his blades to occupy the position assigned them, and too often delivers with them askew, as he regards it, on the child's head, and feels ashamed to acknowledge what he believes to be due to his incompetency. But he has delivered the woman of her child, and terminated a tedious labor, and quietly keeps his own counsel. The lecturer had repeatedly done this when summoned to a consultation, after the family physician had exhausted himself in efforts to compel the blades to assume their proper position on the sides of the head. Dr. Atkinson assured his hearers that they would experience but little difficulty, in the vast majority of cases, in causing the blades to occupy their correct position in the pelvic cavity, and in making the

forceps lock, if they would but follow his suggestion. He had never yet seen any positive or permanent injury to the child by this plan of action. On this point the lecturer was very emphatic, illustrating in a variety of ways his theory of the forceps as adapted to the pelvis, not to the formation of the head.

Those who insist upon the other method, that where the blades must be placed upon the sides of the head, speak of the movement of the blades in the pelvic cavity as though they could be changed with freedom into almost any position. This is possible only to a very limited extent. A careful examination of this matter with the long curved forceps applied within the cavity of the pelvis of the cadaver, will at once undeceive the student. The miserable buck-skin manikin generally employed for purposes of demonstration before a class cannot possibly serve the purpose of correct instruction on this point.

To enable the physician to quiet the fears of his patient relative to the forceps, Dr. Atkinson quoted the instance where, instrumental aid being necessary, the physician employed the long slender hands of a dancing girl, thus showing the forceps to be nothing more than a pair of delicate iron hands grasping the head.

In passing the blades, he spoke of the multiplicity of names, as the upper and lower, and anterior and posterior, male and female, right hand and left hand, as being unnecessary and confusing. The blade first to be applied should be that which, when in position, would be next to the posterior commissure. This was easy of remembrance, and clear of all ambiguity. He then illustrated the passage of the blade, urging again the necessity for remembrance to pass it backward and upward, following the curve. He grasped the blade in his left hand, while his right was passed within the vagina, between the fetal head and the soft parts of the woman, and applying this blade at the aperture, it glided readily backward and upward along the pelvic walls until it had reached the proper position. The other blade was then grasped by the right hand, while the left was inserted between the head and the soft parts, the blade readily passed in the proper curve, and the locking was accomplished almost by the blades when they came in contact. He assured his hearers that locking often appeared impossible, solely because the blades had not been carried sufficiently backward and upward. It appears like a sleight of hand to see how readily the blades fall into place when this manœuvre is accomplished. Once place the blades on the head and lock them, and slipping need not be feared. In fact, it becomes simply an impossibility. The lecturer explained that this required such a wide separation of the blades that the walls of the pelvis would act as an insuperable obstacle. Slipping can only occur by reason of the blades not being introduced sufficiently far to grasp the fetal head. The action of the forceps was explained to be only that of extraction, with little, if any compression. Compression was not only rarely necessary, but was injurious to the child.

In the act of extraction, he desired to impress all with the fact that this must only be made in the line of the pelvic curve, which was part of a circle of which the pubic symphysis was the centre. The handle of the forceps must constantly rise as the extraction progresses. In illustration of this point, he related cases where the only difficulty in delivery was caused by the failure to remember and act upon this suggestion.

In concluding, he hoped that he had succeeded in so impressing his hearers with the necessity for the more frequent use of the forceps, the ease and safety with which they could be applied, that they would be enabled henceforth to banish from their minds the bugbear which had so long prevented physicians from aiding the delivery of the woman, and thus securing to her a happier and more speedy relief, and insuring a better getting up.

Communications.

REPORT OF AN OPERATION FOR OVARIAN CYST.

Read before the Lancaster City and County Medical Society,

BY S. T. DAVIS, M. D.,

Of Lancaster, Pa.

On November 25th, 1875, I was requested, by Dr. Livingston, to meet him in consultation at Silver Springs, Lancaster County, Pa., in the case of Mrs. B., whose history I give as elicited at the time, and since kindly furnished me by Dr. Livingston, in writing.

Mrs. S. B., aged 27; native of the place; married; mother of two children, youngest

four and a half years old. Mrs. B. is the youngest of a family of four children, her family history is good. Began to menstruate at the age of fifteen, always been regular, though painful at times.

Patient states that some time after the birth of her first child she thought she noticed a slight enlargement in the right iliac region, not painful, which disappeared during her second pregnancy.

Dr. Livingston says he first saw Mrs. B. February 25th, 1875—continuing in his own words: "I found her occupying an easy chair; very anæmic in appearance; suffering intense pain in the head and lumbar region; complete loss of appetite; bowels constipated, and the urine scanty and of high specific gravity. Pulse 110, and feeble; abdomen presenting the appearance of that of a woman at the end of the eighth month of pregnancy.

"Patient states the enlargement began about a year and a half ago, in the right side, and increased, gradually. She says she has been under the treatment of two other physicians, who pronounced her disease dropsy, and prescribed active diuretics, without affording her any relief.

"I suspected encysted dropsy, and prescribed elixir of bark, iron and strychnia, under which her general health improved somewhat, but the abdomen was evidently enlarging.

"About this time, three weeks after being first called, Dr. M. S. Davis, of Millersville, and I were passing Mrs. B.'s residence, and I invited him in to examine the case. He did so, and concurred with me as to the case being one of encysted dropsy."

Her present condition, Nov. 25th, 1875, though evidently better than when Dr. Livingston took charge of her case, is one of great emaciation. Abdomen very much enlarged. Dullness on percussion over the whole site of enlargement. The sound enters the uterus to the depth of two and a half inches. The uterus is movable in all directions. More easily toward the left than opposite side. No bulging in Douglas' cul-de-sac.

Diagnosis.—A unilocular cyst, either of the right broad ligament, or an ovarian cyst of the ovary of the same side. The distinct impression made by the wave on percussion inclined us to the opinion that the case is one of serous cyst of the broad ligament. The importunities of the patient to be relieved of her suffering, and our desire to arrive at a correct diagnosis, caused us to decide to tap her abdomen.

December 18th. We met for this purpose. Found the condition of the patient unchanged, except that her abdomen had enlarged some since my last visit. After withdrawing the urine, I proceeded to tap her in the usual manner, entering the trocar about midway between the umbilicus and symphysis pubis. Drew off, without any difficulty, twelve pints of a clear non-albuminous fluid, specific gravity 1010. Closed the wound with adhesive plaster, applied a compress and bandage; placed the patient on her back, and enjoined perfect quiet.

December 20th. Saw the patient with Dr. Livingston at 3 P. M. She has been quite comfortable since the operation. Abdomen perfectly flat. On examination, no signs of a cyst wall or pedicle can be discovered. We now feel fully convinced as to the correctness of the diagnosis, serous cyst of the broad ligament. Patient says she feels better to-day than at any time since her trouble began.

January, 7th, 1876. Saw patient again, with Dr. Livingston, at 3 P. M. Is quite weak, and complains of a great deal of pain in the right iliac region. A tumor the size of a child's head can be felt through the abdominal walls in this region.

March 4th. Met Dr. Livingston again. The tumor had been gradually enlarging. Patient presents the appearance of a woman in the seventh month of pregnancy. Appetite poor. Bowels constipated and urine scanty, and high specific gravity. Suffers from want of sleep, owing to pain. Anodynes are indispensable now, to insure a few hours' sleep.

Decided to tap her again on the 7th instant. Met at the time appointed, and tapped her as before, introducing the trocar at the same place as at the last operation. The fluid withdrawn was thick, viscid, of a greenish color, and contained such numerous and large floccula of albumen as to constantly clog the trocar—though this was a large one, half-inch diameter—and render it difficult to withdraw the fluid. Eight pints were obtained, leaving at least three pints within the cyst. Closed the wound as before, and after applying a compress and bandage put the patient to bed. The character of this fluid changed the whole phase of this case, inasmuch as it was undoubtedly ovarian. To satisfy myself on this point, I filled an ounce vial with the fluid removed

December 18, 1875, marked it No. 1, and also a similar bottle with the fluid removed at the last tapping, and marked it No. 2, and expressed them to Dr. T. M. Drysdale, of Philadelphia, who deserves a great deal of credit for the zeal he has manifested in the scientific investigation of abdominal fluids, and to whom belongs the discovery, I believe, of the "granular cell." In reply I received the following note:

PHILADELPHIA, PA., March 13th, 1876.

S. T. DAVIS, M. D.

Dear Sir:—I have examined both of the fluids you sent by express. The clear fluid, marked No. 1, is undoubtedly from a cyst of the broad ligament. The second specimen, marked No. 2, is ovarian fluid. Your first tapping probably emptied the peritoneal cyst, which has not filled again, but the ovarian tumor has taken its place.

Yours, very truly,

T. M. DRYSDALE.

After the operation the patient got along without any untoward symptoms, gaining strength and appetite, until about three weeks after the operation, when what seemed to be an abscess formed at the point of entrance of the trocar, and in a few days opened and discharged a portion of the contents of the cyst. Through this fistulous opening air entered the sac, pus formed, and was discharged constantly. The discharge was profuse, thick, creamy, and very offensive. This exhausting process was kept up from the 10th day of April to the 7th day of September, the day of the operation. The tumor remained about the same size, and contained about three pints of pus.

August 28th. I received a note from Dr. Livingston, stating that Mrs. B. was evidently wearing out and sinking under the constant drain from her system, and if anything more was to be tried for her relief, it must be done speedily, or death from prostration would soon close the scene.

I met him on the 30th, and after carefully considering her case in all its bearings, I determined to endeavor to remove the tumor, though fully satisfied that there must be extensive adhesions, and that the prospects of a fatal termination were more than probable. The patient and her friends were made fully aware of the nature and gravity of the operation. Her only reply was that she was willing to submit to anything which had for its object her radical cure or relief. Thursday, September 7th, at 3 P. M., was accordingly fixed for the operation.

Medical gentlemen present, Dr. T. M. Livingston; Dr. M. L. Davis, of Millersville; Dr. A. J. Herr, of Lancaster; Dr. D. H. Shenk, of Rohrerstown; and Mr. Eli H. Witmer, one of my students.

Condition of Patient.—Bowels moved twice yesterday, after a dose of oil. She weighs about eighty pounds, and is greatly emaciated. Pulse 115 and almost imperceptible at the wrist. Temperature 101° F. No nervous excitement whatever perceptible; is very hopeful, though told she might not live to see another day. The urine was withdrawn by the catheter and the patient placed on the table. Drs. Shenk and Herr administered the anæsthetic, and when the patient was fully under the influence, I pressed about one pint of pus through the fistulous opening, and then began the operation by making an incision along the median line of the abdomen, beginning at the opening and ending at or near the symphysis pubis, through the skin and superficial fascia.

A second incision was then made from the opening to a point just to the left of the umbilicus. The sheath of the rectus was then divided over a director, throughout the incision, and the peritoneum sought for. After several fruitless efforts to distinguish what was peritoneum and what was cyst wall (for, as was supposed before, there was complete adhesion of the parts) the membrane presenting was taken up, the director passed under it and divided, thus exposing what all present decided to be the cyst wall. The next step in the operation was to find a spot where there were no adhesions existing between the cyst wall and the peritoneum. The search after such was in vain—none was found. I now determined to enlarge the abdominal incision, and extended it to the left, and to the extent of two inches above the umbilicus, and again a free cyst surface was sought, without success. The cyst apparently was firmly adherent to everything it had come in contact with. What was to be done? An exploratory incision had been made, and the practice of older and more experienced surgeons told me to close up the wound and leave the patient to her fate. I could see none but a speedy fatal termination as the result of this course. Attempt the enucleation of the tumor with such extensive and highly vascular adhesions! Fatal hemorrhage might take place and death ensue before the operation could be completed, if it were possible to complete it.

I decided to make an attempt to separate the

adhesions, and after much difficulty I succeeded in freeing the upper and lateral portions of the tumor, and withdrew the upper third through the abdominal walls. The hemorrhage, though considerable, was not as much as anticipated, no vessels requiring ligation. I now explored the cavity of the pelvis and sought for a pedicle and pelvic attachments. To my dismay I found the whole mass so firmly bound down that it was utterly out of the question to attempt any further separation of the tumor from its adhesions; one-third of the tumor was thus firmly adherent to the pelvic organs, in fact, inseparable. To add to the embarrassment, a rent in the cyst wall was filling the abdominal cavity with pus. The operation had now lasted forty minutes; the patient was more dead than alive; the radial pulse was scarcely perceptible; the skin was bathed with a cold clammy perspiration, and the assistants were beginning to show, by their anxious faces, that the contest between surgery and death was about to result in a victory for the latter. Here was another dilemma, and no time to spare. The same questions came up as before. Almost without thinking, I called for the clamp. It was Atlee's, too small for my purpose, and I had none other. The next resort was a whip-cord ligature, just above the abdominal walls, and the protruding part of the cyst cut off, the stump pressed into the lower angle of the incision, and a strong silk suture passed through the abdominal walls immediately above it. The abdominal cavity was then cleansed of pus and blood, the remainder of the wound was closed with the interrupted suture and adhesive strips passed round the body. The stump was covered with Monsell's salt; lint, moistened with carbolized oil, was placed over the whole length of the wound, a compress and bandage over all, and the patient put to bed, the operation lasting one hour. Ordered thirty drops McMunn's elixir of opium as soon as she could swallow, and brandy, in small, though oft repeated doses, as required.

Dr. L. remained with her until she had recovered from the anæsthetic, and personally administered stimulants, taking notes of her condition at the same time. From the same I copy the following: "5.30 P. M., patient recovered from the anæsthetic; pulse, 80; temperature 98°. Complains only of a burning pain in the wound; gave thirty drops of elixir of opium as ordered. 6 P. M., pulse 92; skin warm and moist. Gave half teaspoonful elixir opium, and every hour a dessertspoonful of brandy.

9 P. M., pulse, 96; temperature, 98.8°. Ordered the brandy to be given every hour or half-hour as indicated, and the elixir opii often enough to relieve pain and induce sleep, when I left her for the night. [The details of the after-treatment, which was supporting and antiseptic, are omitted.]

October 5. Patient is up and moves about. Is gaining flesh rapidly. Says she feels better than at any time within the last two years. The walls of the cyst are getting so thin as to be barely felt through the thin abdominal walls. The discharge of pus from the fistulous opening at the neck of the cyst has ceased, and the opening in Douglas' cul-de-sac is left to itself.

October 15. The improvement in the general condition of the patient since last report is all that can be desired. No trace of the cyst walls can be detected. The opening in the abdomen is so small as to admit only an ordinary-sized probe, and that to the depth of about one-fourth of an inch. It is filled with healthy granulations, and a few drops of pus are discharged in the course of a day and night.

November 5. The fiftieth day after the operation the patient is discharged recovered. The wound is healed and a dry scab covers it, small in size.

I cannot conclude this report of so interesting a case without calling attention to several important points in its history.

First. Although the fluid obtained at the first tapping had all the characteristics of that of a cyst of the broad ligament, might it not have been ovarian after all? If it was a serous cyst, as I am inclined to think, had the withdrawal of the fluid anything to do with the rapid development of the ovarian tumor?

Second. The complete adhesion of the cyst to everything it had come in contact with; the debilitated condition of the patient; the removal of only a portion of the growth; and the rapid recovery of the patient under the most unfavorable circumstances, furnish additional evidence that the operation is justifiable in any case where the vital organs are in a normal condition, no constitutional taint, and the disease is not of a malignant character. Certain it is that scores of these unfortunates have been abandoned and left to their fate after an exploratory incision had been made.

PNEUMONIA, AND ITS TREATMENT.

BY A. W. LUECK, M. D.,
Of Mayville, Wisconsin.

Pneumonia is so common a disease with us here, in Wisconsin, during the early spring months, that it necessarily attracts our attention. During March, April and May, of 1874, it occurred so frequently in our vicinity that it almost assumed the character of an epidemic. At that time we took especial care to trace our cases back to their origin, and found that none of them were due to the characteristic trait of zymotic disease, to wit: *communicability*. Nor did we observe that there existed one or more focuses of the disease, as it is common to find in those complaints. They were invariably caused by imprudent exposure to the vicissitudes of the weather.

Thus, those individuals were generally attacked who offered less resistance to sudden changes of the atmosphere. Our patients were mostly children and old people, and especially those that were a little out of health. We therefore came to the conclusion that acute, primary pneumonia is not a zymotic disease.

The number of cases that came under our observation during the spring of that year was 72; and during the same time of the next year 17: making in all 89. Of this number 2 died, which gives a mortality of 2¼ per cent. Most of these patients suffered from croupal pneumonia; only a few were down with the catarrhal variety. These latter cases were the most obstinate to treat, and the two who died succumbed to this form.

The *symptoms* were those generally observed in pneumonia. A chill, more or less marked, headache and vomiting, generally introduced it. Cough and pain in the chest were often not noticed during the first two or three days, and, indeed, this last symptom was frequently absent through the whole course of the complaint.

The *treatment* of any disease, if it pretends to be rational, will always be according to the pathological views of the physician. Thus, in Europe now, the prevailing faith is, that pneumonia is caused by a specific zymotic poison. This poison, the leading authorities, such as Ziemssen, Juergensen, Liebermeister and others, assure us, weakens the heart; and Juergensen positively declares that death in pneumonia only takes place from failure of the heart.*

* Volkmann's Klinische Vortræge, Nos. 45 and 82.

Now, the treatment that grows out of these views is obvious—to support the heart. They and others, by stimulating diet, cold bathing, and enormous doses of quinine. Thus, the smallest dose that Juergensen gives consists of thirty grains, but he often increases the dose to seventy-five grains. When we observe the drift of opinion around us, we see that there is a great tendency in this country to follow the same practice. We all know, from the *American Journal of Medical Sciences*, January, 1861, how, long ago, Flint treated his pneumonic patients with opium and whisky. Professors Loomis and Alonzo Clark imitate the German practice, and make use of cold water externally, and quinia internally. However, they do not venture above five-grain doses.*

Now, we protest against this treatment of acute croupal pneumonia, as being unnecessarily stimulating, and hence, positively dangerous, in some cases at least, and if not this, it is a cruel usage of the patient and a waste of a precious drug. In the management of this disease we have not adopted such a plan, for we cannot recognize a zymotic poison as the cause of pneumonia. We hold with Hildebrandt and Marcus, that "*frigus unica pneumoniæ causa est.*" Therefore, our treatment is antiphlogistic.

The most reliable antiphlogistic remedies are venesection, tartar emetic, and calomel. The employment of these remedies in pneumonia is not new, but having been abused formerly, they have fallen into discredit lately. We do not bleed our patient because he is suffering from pneumonia, and the next day, if not better, bleed again; and on the third, once more. No! there is a time for venesection, and done at this time it will certainly shorten the course of this disease; and there is also a time when it will be highly injurious.

In regard to the use of calomel, we can express our opinion in the words of Hartshorne, saying: "I do not know of any variety or form of disease in which I should, at the present moment, feel justified in intentionally causing full salivation as a means of medical treatment."†

We will now define more particularly the indications for these remedies. *Blood-letting* will certainly cut short an attack of pneumonia, if employed before the stage of congestion is

* *American Medical Weekly*. Feb. 13, page 403.
† "Essentials of Medicine," page 104.

completed, and later it may still be used with benefit in robust individuals.

Let us consider the effect of the abstraction of blood upon the constitution, and we find that by it we lessen: 1. The fullness of the vessels; 2 The number of red corpuscles; 3. The force of the heart's impulse; 4. The force of the arterial impulse; 5. The excitement of the nerve centres.

Now, no matter what are our views concerning the nature of inflammation, these effects we need in its treatment in every acute form, and especially in pneumonia. For the lungs are situated in such close vicinity to the heart, and, in fact, they are an important link in the circulatory apparatus. Moreover, their substance is more vascular than any tissue of the body, hence they are more easily affected by the heart's action, and suffer more under arterial pressure, than any organ in the animal economy. Therefore, when in the first stage of pneumonia, where we have only a determination of blood toward the lungs, we restrain the heart's action and reduce arterial tension by venesection, we thereby limit the result of this process, to wit, exudation. Now if this limitation is sufficient, the disease is necessarily arrested at once. And if we have already exudation, the less fullness of the vascular system will favor its resorption. We may therefore formulate the indications for bleeding thus: 1. In unnatural fullness of the vessels; 2. In increased force of the *heart's* impulse; 3. In increased force of the *arterial* impulse; 4. In increasing dyspnœa.

Often these symptoms are not prominent enough to require venesection. Thus, in those eighty-nine cases of pneumonia which form the basis of these remarks, we only used it five times. This was owing to the fact that we did not see our patients early enough; when we were called the time for the abstraction of blood had passed.

Tartar emetic. This certainly is the most powerful of antiphlogistic (arterial sedative) medicine. We give it to fulfill the same indications as venesection, in such cases where these indications are not prominent enough to call for this latter. To produce the most benefit, it must be given in such doses as are only a little short of producing vomiting. Thus employed, it will soon relax the tension of the circulatory system and produce perspiration. The temperature of the skin becomes lower and the fever abridged.

In order to accomplish these objects more easily we always combine the antimonial with a saline diaphoretic, generally the liquor potassæ citratis. In children with a marked scrofulous diathesis we generally give the veratrum viride in place of tartar emetic. The latter remedy is, however, more certain in its results, and more manageable than the former.

Calomel liquefies, or disintegrates, the fluids and solids of the body. Hence it is eminently useful in the second stage of pneumonia, where we wish to liquefy the effused matter in the lungs. As soon as the physical signs show that consolidation of the lungs begins, we give small doses of calomel, generally the $\frac{1}{8}$ to $\frac{1}{4}$ of a grain every three hours. This treatment is continued as long as the above symptom exists, except there arise obvious contra-indications. Where they show themselves, or in cases where they are present at the outset, we give the iodide of potash in place of the mercury. In children we generally give larger doses of calomel, in order to obtain promptly its antiphlogistic effect, and on this account we also begin with it earlier.

Locally, the employment of blisters and poultices are generally acknowledged to be useful in pneumonia, though lately they are not in fashion with the profession.

Flint, in 1861, reported 133 cases of pneumonia treated without counter-irritation,* and Niemeyer, in his work on practice, mentions only application of cold water to the chest.

Indeed, there are strong objections against blisters and poultices. Thus blisters always interfere with auscultation, and make percussion almost impracticable. Besides, they are apt to greatly agitate a nervous patient.

Poultices are generally mismanaged by country people, and thus are prone to do more evil than good. They are also inconvenient to the patient and to his attendants.

For these reasons we did not use either of them. Instead of blistering, by cantharides, we had the affected side painted twice a day with tincture of iodine, and since the publication of Dr. Corson's little work on pleurisy, we have generally used his croton-oil paint for the same purpose. The effects of the poultice we sought to bring about by wrapping the whole chest in cotton-wool, securing this by a common roller. This roller should be put on in such a way that

* *American Journal of Medical Science*, January, 1861.

it restrains somewhat the motions of the chest; in doing this it keeps the inflamed lung at rest, and rest is always an important factor in the successful treatment of every kind of inflammation. On this account we never allow our patients to sit up early, especially if they are young.

The diet of our patients may be briefly stated to have been, in the beginning of the attack, antiphlogistic, afterward nourishing, and sometimes even supporting.

REMARKS UPON RENAL DISEASES.

Read before the Medical Society of Harford Co., Maryland, November 14th, 1876,

BY R. H. MILNER, M. D.

* * * As to an indefinite period of ill health preceding the outbreak of Bright's disease, I think, owing to the very insidious method of its attack, it must be observed but rarely, at least, in the country, except, of course, in acute cases following attacks of acute fevers.

I shall relate two cases from my practice that will illustrate this matter more fully than any general description. I was sent for to see a young lady suffering apparently from nothing whatever but attacks of bleeding at the nose. She was anæmic but had no pain in any part. She complained of nothing but the bleeding, which I then thought might account for the anæmia. I prescribed tincture of the chloride of iron, and did not see her again for several weeks. When called again I was told that she had had something like a fit. This was described as very slight, and I set it down as probably hysterical. I was the more inclined to this opinion from the circumstance that a stepbrother had suffered for many years from epilepsy; many of whose seizures she had witnessed. You all know how apt young females in delicate health are to be thus affected, from what is called imitative contagion. About two months after this she was seized with strong epileptiform convulsions. An examination of the urine showed unmistakable evidence of Bright's disease. The diagnosis then given had not long to await verification. Death ensued about five days after the first convulsion; and a post-mortem examination revealed the small, contracted, or granular kidney. In this case there was no dropsy whatever.

The second case was a lady in pregnancy. About five days before her confinement she had a severe fall, from which time on she suffered pain in the right hypochondriac region. Two days after the confinement she was taken suddenly with a severe chill, with pain in the hypogastrium; and, in short, suffered an attack, which, from the symptoms, I called metritis. Her condition was, for several days, a very critical one. The depression was extreme; the feet, hands and nose were cold, and the surface pale; at the same time the thermometer gave a rise of temperature of several degrees. During the first three days after the chill there was an increase of the lochial discharge, amounting to a considerable, and even an alarming, hemorrhage. After this stage succeeded several days during which I thought I should lose my patient from a very profuse *sweating*.

Two weeks later the pain in the right hypochondrium, which had been absent, returned, accompanied by fever, and a very distressing attack of facial neuralgia. Exploration *per vaginam* revealed no tenderness, nor deposits of lymph anywhere in the peri-uterine cellular tissue: but, later on in the progress of the case, by pressing down firmly on the back of the pelvis, carrying the finger high up, some pain was elicited. From all this I diagnosed incipient *psoas abscess*, which diagnosis proved to be correct, at least, so far as the diagnosis of the abscess was concerned.

At about the end of four months from the birth of the child, I opened the abscess. When the case had been in hands about eight weeks, it occurred to me, one day, to examine the urine. There was albumen in considerable quantity, and I found casts in greater abundance than I had ever seen in any previous, and, I may say, in any subsequent, case. From their character I judged the trouble to be acute, as was afterward proved by the entire recovery of the patient.

Treatment directed to the vicarious elimination of urea entirely relieved the neuralgic affection. This I now hold to have been due to uræmia. In this case, also, bear in mind, there was no dropsy. These two cases are instructive in this: that they both differ somewhat from the ordinary type of both classes; the acute and chronic. This distinction of acute and chronic is well shown in these cases, as well in the course, as in their different terminations.

Acute Bright's disease, like acute diseases of

almost all organs, may, and often does, end in perfect recovery. The chronic form is almost always, sooner or later, fatal. But, as in pulmonary consumption, cases differ greatly in respect to their duration; and it may be possible that, in some cases, the degenerative process in the kidneys may stop and a cure result, even in those correctly set down as chronic.

The symptoms of Bright's disease are in most cases referable to regions remote from the kidneys. As a rule, there is little or no pain complained of in the back. In acute cases, a dull pain, or, more frequently, a sense of weight and slight uneasiness, is spoken of; but this is usually only elicited by close questioning, very few patients volunteering the information. It is a popular belief, and I have known physicians to hold this opinion, that the kidneys cannot be affected, since the patient has no pain in the back, and no difficulty or pain in micturition. When dropsy is absent, we should suspect renal disorder when there is a general failing of health without any well-marked spmptoms of other local or general trouble, with anæmia and a feeling of fatigue, and sense of increasing weakness. In all such cases we should never omit to make careful and frequent tests of the urine for albumen; and, should it be present or not, we should look for renal tube casts.

It is now well known that cases occur in which no appreciable amount of albumen can be found, but in which casts are found. It is also equally well known that in many cases in which the urine temporarily or permanently contains albumen, the kidneys are not, at least primarily, in fault. Basham gives the following list of diseases in which albumen appears in the urine.

Group I.—Albumen permanently present; acute albuminuria (acute Bright's disease); chronic albuminuria (chronic Bright's disease) in every form; being significant of inflammatory, granular, fatty, amyloid and dropsical degeneration of the kidneys.

In cases of cardiac or pulmonary disease, with dropsy, from obstruction of the circulation through the kidneys; in valvular diseases of the heart; in chronic bronchitis; emphysema, with cardiac dilatation; in calculus and tuberculous diseases of the kidneys, with purulent urine.

Now, it is easy to understand how, in the diseases just enumerated, if albumen is present, it must be permanently so; the disorders themselves all having the character of permanency. It is not difficult to understand how they give rise to albuminuria, since they all must cause renal engorgement to a greater or less extent.

Group II.—Albumen temporarily present in many blood-poisons; in scarlet, enteric and typhus fevers; in diphtheria, in erysipelas, in severe pneumonia, in cholera, and in seminal emissions. It is associated with blood or pus in nephritis, in all cases of hematuria, from the action of turpentine or cantharides; after the ingestion of certain articles of diet; disordered digestion from eating shell-fish, crabs or lobsters, etc.; in purpura hemorrhagic albumen may appear in the urine, without blood.—*Dr. Parkes.*

I wish your attention to the class of disorders first mentioned in group II, viz.: the so-called idiopathic fevers, and other acute affections. In just these cases I think we are most liable to overlook the renal complication, which may be, and no doubt often is, a most important one; for I know that, in some of them, the albumen means renal engorgement, and that, in almost all, the microscope will reveal hyaline and epithelial casts. In some, indeed, it is found that, although albumen is not present, at least, in appreciable quantity, microscopic examination shows an abundance of casts, as was the case with a patient of Dr. W. W. Virdin, of Harford Co., Md. The patient, a laborer, past middle life, came home from his work with an injured hand. Shortly after his return he was taken ill. The attack resembled enteric fever, the temperature being that usually seen in this disease. Diarrhœa and tympanitis were present in marked degree. Before the end of the first week, and therefore before the time for the appearance of the characteristic rose-colored spots, the temperature suddenly fell to about the normal standard. Still, the patient's general condition was no better; he lay in deep coma, which could in no way be accounted for, after a careful examination into the state of the vital organs, so far as this examination could be made by physical exploration. The Doctor now concluded to examine the urine; the result of the test for albumen was negative. If albumen was present, it could not be appreciated. A microscopic examination showed a great many epithelial, hyaline and fatty casts. The case looked very unpromising, but a carefully instituted treatment, directed to the elimi-

nation of urea, through other channels than the kidneys, together with proper attention to those organs themselves, brought about an entire recovery, with a total disappearance of all renal and other symptoms.

A case in my own practice was not so happy in its termination. My patient was a woman about forty years of age, who, after an illness of about three weeks, suffering from both renal and hepatic derangement, died while I was with you at our meeting in August. I at first looked upon and treated the case as one of malarial fever. There was a history of chills, followed by fever. Jaundice soon set in; and an examination of the urine gave not only the reaction of biliary coloring matter, but also the characteristic signs of acute renal engorgement, namely, albumen and casts. This is the only case I have as yet seen, of undoubted hepatic and renal trouble complicating each other. It is quite possible that I may have overlooked the former in some cases. My patient was delirious the greater part of the time, and was resolute in refusing the most important of the remedies; those, namely, of the hydragogue cathartic class, because of the nausea they caused; and as she was at all times the master of the house, her husband, who was her only attendant and nurse, had to yield in this, as in other matters.

Now, gentlemen, I think you will agree with me that we cannot dispense, even in acute diseases, with an examination into the state of the kidneys.

In acute cases, some of the symptoms that should lead us to look to this are coma, delirium and headache, or neuralgic pains. Of course, convulsions, coma and delirium may be due to a very high temperature, but I have seen delirium more troublesome after the temperature had fallen to the normal point, and below, at the end of an attack of enteric fever. Should such a case ever again fall into my hands, I would, as quickly as possible, examine the condition of the urine.

—At Albany, Oregon, a few weeks ago, a bag of arsenic was found fastened to the mouth of the court-house pump, in such a way that all water drawn from the pump would have to percolate the bag and be infected with the poison. One of the principal schools in the city draws its supply of water entirely from that pump; so that, had the danger not been discovered in time, there would have been widespread sickness, if not death, among the young people.

Hospital Reports.

College of Physicians and Surgeons, New York.

Clinic for Diseases of Women, February 9th, 1877.

By Professor T. Gaillard Thomas.

Especially reported for the Medical and Surgical Reporter.

Chronic Ovaritis.

The first case to which I invite your attention this afternoon, gentlemen, is Mrs. Ann S., colored; over thirty years of age, and sterile. On questioning her, we find that she has been married eleven years, but that up to four years ago there was no symptom present in her case, except the sterility. At that time she began to have a fixed pain in the right side, which has never left her, and we find that, in addition, she is now suffering from dysmenorrhœa (the pain coming on before the appearance of the catamenial flow), back-ache, leucorrhœa, and marked irritability of the bladder. Now what is the diagnosis? This can only be accurately determined by physical exploration, in order to see whether there is any condition present that will account for the above symptoms. On making an examination per vaginam,* the patient being on her back, we find the cervix uteri normal in character and position, but that the body of the organ is bent forward; and by the use of enjoined manipulation (one hand being placed on the lower part of the abdomen), we can distinctly map it out in the position of well-marked anteflexion. We are utterly unable to straighten this uterus; but just why this should be so, is not very evident. On continuing our examination we find on the right side of the uterus a hard mass, about the size of a horse-chestnut, which is movable, and excessively tender to the touch. The ovary cannot be felt on the left side. Now, placing the patient on her side, and introducing the uterine sound, bent to the proper curvature, we find that it is still quite impossible to reduce the flexion (or, at least, not without using more force than we would be justified in doing.) The diagnosis is, then, chronic ovaritis, with displacement, and irreducible anteflexion of the uterus. The anteflexion has probably existed ever since the patient was a young girl, but seems to have given rise to no trouble (except the sterility), until four years ago, when she must have had an attack of acute ovaritis (right), accompanied by displacement of the organ. We have, then, quite enough to explain all the symptoms of which the patient complains, viz.: dysmenorrhœa, pain in the right side, back-ache, leucorrhœa, and irritability of the bladder.

* Patients are never examined before the class at Professor Thomas' clinic, unless there is some condition present which can be readily distinguished at a distance, such as an ovarian tumor or procidentia of the uterus.

Now, as to the prognosis. This is very important when you are able to cure your patient, but it is of tenfold greater importance when you cannot do this. Why? Because it prevents the individual, if your advice is taken, from undergoing a long course of useless treatment and incurring much unnecessary expense. It is always the best course, in such cases, to tell your patient frankly that you cannot cure her; though sometimes this is a disadvantage to the physician, as she may go to some other medical man who will promise great things for her, and for the time being you will be thought to know very little about your profession. In the present instance nothing can be done except to regulate the patient's life, and warn her to avoid treatment which would probably do her a great deal more harm than good. She should be instructed to make use of warm vaginal injections, and to remove all weight from the flexed uterus by wearing her clothing suspended from the shoulders. In addition she might take such general tonics as are indicated, and she ought, if possible, to have complete rest at the time of her monthly periods.

Anteflexion and Sterility.

Case 2.—Mary B——, aged twenty-five years. She has been married three years, and is sterile. She says she was perfectly well up to the time of her marriage, but has not enjoyed good health since then. She suffers most from dysparæmia, and also has marked, though not constant, dysmenorrhœa. Sometimes she has little or no pain at her menstrual periods, and sometimes it is excessive. In addition, she complains of slight back-ache, leucorrhœa, and irritability of the bladder. On making a vaginal examination, we find that this uterus is also anteflexed, but, in contrast to the other case, the anteflexion is readily reducible. The cervix is quite painful to the touch, and thus the dysparæmia is accounted for by its engorged and neuralgic condition, the neuralgic element being consequent upon the hyperæmia engendered by the anteflexion.

The cervical congestion also explains the leucorrhœa, and the dysmenorrhœa is dependent on the sudden bend in the course of the uterine canal, which, at each period, dams up the menstrual blood for a time. The back-ache noted is due to the same causes which give rise to it in almost all uterine cases. Finally, the sterility is accounted for, not only by the anteflexion, but also by a distinct stricture at the os internum, which is detected in passing the uterine sound.

The prognosis, unlike that in the last case, is altogether favorable, and I do not hesitate to say that the patient can probably be perfectly cured of all her symptoms, for here the anteflexion is entirely reducible, and we have no prolapsed and chronically inflamed ovary to complicate the case. The treatment will be as follows: first, a hard rubber anteflexion pessary, of proper size (a very small one is needed here), will be carefully adjusted, and then once a week this is to be removed and thoroughly cleansed, while the stricture of the uterine canal is to be distended by sounds of graduated size. The patient will, no doubt, be entirely cured if she attends faithfully to the treatment; but the sterility will not probably cease before at least eighteen months or two years, on account of the long-existing cervical catarrh present.

Do not give too much hope of child-bearing in these cases, for not infrequently, after every apparent obstacle to it has been removed, the sterility still persists.

Uterine Subinvolution.

Case 3.—Mary M., aged 25, a native of France. She has been married more than three years, but has never given birth to a child at full term. Ten months ago, however, she had a miscarriage at about the fourth month, and she says she has never been well since. The principal thing that she complains of is a pain, seated, as she expresses it, "over the womb and running through to the back." She never misses a monthly turn, but the menses do not always appear exactly on the day anticipated (a matter of no consequence whatever). She loses less blood now than formerly at her periods, and immediately after the flow ceases she suffers from a severe pain, which continues for two weeks, and is always accompanied by a leucorrhœal discharge. This post-menstrual pain, you will find, is very rare indeed. There is another form of so-called dysmenorrhœa, in which the pain occurs at a certain period between the catamenial epochs, but this intermenstrual pain is in reality a neuralgia, and ought to be classed as such. She suffers from constant irritability of the bladder, and has to get up two or three times every night to void her urine. An examination *per vaginam* reveals the fact that the uterus, slightly anteverted, is in a much lower position than normal, and is pressing forward upon the bladder. We find that it is also very large and flabby, and that the external os is quite patulous. Anticipating that fungoid degeneration of the mucous membrane of the uterus might be present, one of my assistants has carefully explored the cavity of the organ with a copper wire curette, but with a negative result.

Here, then, is a patient who was perfectly well, up to ten months ago, when she had a miscarriage, which has been followed by the above results. Subinvolution is, therefore, our diagnosis, by which term I would have you understand a statement of the condition which gives rise to, and satisfactorily accounts for, the phenomena present in any particular case. Many authorities would say that this patient is suffering from chronic metritis, but that is an expression which covers almost as much ground as hysteria, and ought to be discarded. For some reason or other, which it is impossible now to determine, the involution of the uterus after the miscarriage was interrupted, and the organ remained permanently enlarged, with its

lining mucous membrane engorged with blood. The ovaries, also, were left much congested, and on account of their increased weight both have fallen down into Douglas' *cul-de-sac*, where they can be distinctly felt, somewhat enlarged and extremely tender to the touch; a fact which was not mentioned when the results of the vaginal examination were stated.

Subinvolution is a very difficult condition to cure, but we will put the patient on the following course of treatment: all superincumbent weight must be removed from the uterus, and she must be instructed to attempt no heavy work, and to rest during her menstrual periods. She will be ordered to make use of hot vaginal injections which contain a small quantity of some appropriate astringent, not for the purpose of curing the leucorrhœa which has been noted, but in order to prevent the vagina from becoming more flabby and relaxed than it is, and thus permitting the uterus to fall lower down. Internally she will be given ergot, in small doses (to avoid the nausea which it so frequently produces); though I must confess I have not much faith in its efficacy in these cases. Ergot, as you know, has a marked effect on uterine fibroid and in arresting hæmoptysis, and as it is the only drug whose action is directly upon the uterus, it is worth while to give it a trial, at all events. In addition, she will wear a simple soft-rubber ring pessary, to act as a splint to the uterus, and take off some of the strain from the ligaments; and later on in the treatment a current of electricity, from a constant battery, will be passed through the organ (on account of its tonic and alterant effect), one electrode, in the shape of a cup, receiving the cervix uteri, and the other being placed on the abdomen. Relief in this case will necessarily be slow, but may perhaps be complete. For a perfect cure, however, we can only look to another pregnancy. The uterus would thus be given another chance for itself, and it is probable that, under more favorable conditions than before, complete involution of the organ might afterwards be accomplished.

Cessation of Vaginal Involution.

Case 4.—Jane M., aged twenty years. Has been married eighteen months, and seven months ago gave birth to a child at full term. She says that one month after her confinement she began to have a feeling of "bearing down," which has continued uninterruptedly up to the present time. This is the only symptom of which she complains, but it is one that should put you on your guard; for there must be something seriously wrong with a patient who is thus affected continuously for so long a time. A vaginal examination at once reveals to us the source of her trouble. The uterus, not in a state of subinvolution, like that of the last patient, as we might perhaps have anticipated, is found to be entirely normal in size and condition; but the perineum is completely gone, and the shape of the posterior wall of the vagina, instead of being that of the letter C, as it ought properly to be, now resembles the letter S. The normal and necessary support of the uterus is thus withdrawn, and in a little while, if the case is not interfered with, we shall have complete procidentia. Moreover, we find that the destruction of the perineum has completely stopped the process of involution in the vagina, which is now very flabby and utterly worthless for any purpose of support. In a little while longer we should have both cystocele and rectocele, in addition to the procidentia. Such a state of affairs it is exceedingly melancholy to look forward to; and it would seem particularly important that in the case of our young patient, who has but just entered upon her married life, it should be averted, if possible. If she does not consent to put herself under treatment, I will guarantee a life of misery, both to herself and to her husband.

This is undoubtedly the most hopeful case for treatment that we have seen to-day; for we can expect a good result with decidedly more confidence than in any of the others. It is true the subinvolution of the vagina cannot be removed, but the vagina can be perfectly supported by restoring the perineum. This is the only thing that can be done for our patient, and I would advise that the operation should be performed at once; for the evil influences before alluded to are not simply continuing, but they are increasing every day. The restoration of the perineum would completely put a stop to all further trouble. It is useless to say, in these cases, that the rupture of the perineum should never have been permitted. This is an accident which, under certain circumstances, it is quite impossible to avoid; but while we should, of course, make use of every means to prevent it, its occurrence need not trouble us greatly, since it is in our power to completely obviate all the evils arising from it, provided the operation is undertaken in time.

The Etiology of Splenic Fever.

In an article given in the *Quarterly Journal of Microscopical Science*, Dr. Koch draws attention to the similarity of splenic fever to typhus and cholera. It presents analogies to typhus in its dependence on soil-water, its preference for low ground, its sporadic occurrence throughout the year, and its development into an epidemic in the late summer and autumn. Like cholera, again, it is connected with soil-water, and it also agrees with cholera in the point which has been so well made out by Pettenkofer, that on board ship an interval of three or four weeks is sufficient to prevent its further development. Hence, Koch is disposed to hope that the contagium of typhus and of cholera may still be discovered in the form of some schizophyte or spheroidal bacterium, though practiced observers have hitherto sought for them in vain.

EDITORIAL DEPARTMENT.

PERISCOPE.

Case of Extra-Uterine Gestation.

Mr. Thomas R. Jessop, F. R. C. S., Honorary Surgeon to the Leeds General Infirmary, reports an interesting case in the *Lancet*, November 4th, 1876:—

The patient was a married woman—mother of one child, twenty-six years of age, and of previous good health. * * * * *

The diagnosis of extra-uterine fœtation having been ascertained, and the case admitting of no further delay, Dr. Jessop, on the morning of August 14th, 1876, and near the thirty-third week of utero-gestation, performed the operation in question.

The patient was placed under ether, and, after emptying the bladder, an incision was made in the linea alba, six inches in length, with the umbilicus in the middle of the wound. On reaching the abdominal cavity the back of the child was seen, covered with cervix caseosa, with the omentum lying like a cape over the head and shoulder. The cord, which was in full view of the wound, was tied, and a large well-nourished female child was removed from the abdomen. The child at first breathed so feebly as to give rise to some alarm, but an hour later it had acquired normal respiration. Its subsequent history is of importance no further than that it revived and flourished, until, in its eleventh month, it died of croup and pneumonia.

To return to the mother. The placenta was found lying like a coverlid over the entrance to the pelvis, and especially attached to the rectum and posterior abdominal wall. This fact was ascertained with the most jealous care, lest any rude manipulation should detach any portion of it. In the abdominal cavity some serum (a pint) was found, and feeble bands of lymph here and there distributed upon the intestines. The wound was dressed with six silver wire sutures, with as many intervening of silk, and the lower part of the wound, from which the umbilical cord was permitted to protrude, was dressed on the principle of the pedicle in ovariotomy. The clamp used is the invention of Mr. Gough, and while it is not described, its excellence is commented upon by the surgeon.

The care bestowed upon the case in the after-treatment is deeply interesting. The patient was left in the operating room, and upon the very table used in the operation, for four days, lest removal should diminish the chances of recovery. She was nourished by judiciously administered enemata for a week before the stomach could retain anything but bits of broken ice. Morphia was given hypodermically for about six weeks. During the month following the operation the character of the discharge from the wound betokened the removal of the placenta, but during the second month the character of the discharge gradually became normal and small in quantity, when, at the expiration of two months, it healed, and the patient was soon dismissed.

The article is quite lengthy, and enters into the literature of the operation, and will repay a careful perusal. Lest any one should ascribe the recovery to the skill displayed in the management of the case, the eminent surgeon is particular to point out that there were no complications to embarrass him. O. H. A.

On Goa Powder.

The following remarks on this subject are by Dr. H. R. Crocker, in the *Lancet*:—

The botanical name of the plant from which it is derived is not known, but it has been referred to different species of Centralobium and Cæsalpinia, growing in Brazil. They all contain the large proportion of eighty per-cent. of chrysophanic acid, easily obtained by exhausting with hot benzole, its best solvent, when the acid is evaporated as a yellow granular powder. Another, more wasteful, method is by sublimation, which yields a comparatively small quantity of yellow moss-like crystals.

The first cases were treated by painting on the patches a saturated solution of chrysophanic acid in benzole, which retains ten grains to the ounce in the cold. Cases of tinea circinata were cured by this in about half a dozen applications. Other cases were treated with an ointment consisting of chrysophanic acid, twenty grains; acetic acid, twenty minims; simple ointment, one ounce, according to the formula of Dr. Lima.

In India it is generally used made into a paste, with vinegar or lemon-juice, as mentioned by Sir Joseph Fayrer. The powder from which the acid was obtained was supplied by a city firm. After I had treated a few cases in this way, I received, through the kindness of Dr. Ringer, a canister of Poh de Bahia, sent direct to him from Bahia by Dr. Paterson. This was used in all subsequent cases, made into an ointment of the same formula as that above, the powder itself being employed instead of the chrysophanic acid, which existed in this specimen, according to the analysis of Mr. Gerrard, the hospital dispenser, in the proportion of eighty-two per cent. In a few cases an ointment of forty grains to the ounce was employed, and in all it was directed to be well rubbed into the patches every night. The presence of the fungus was in all cases established by the microscope before the application was com-

menced, and frequent microscopic examinations were made in the course of the treatment.

The following are the results obtained :—

Of nine cases of tinea circinata in various parts of the body, as the arms, neck, and face, all were cured in a week or ten days, in some a single application being sufficient. Some of these had had the disease several months, and had had other treatment.

Of tinea tonsurans twenty cases were treated, but the results were by no means so satisfactory; in most of them other remedies had been tried, and the disease had existed for some time. When tinea circinata and tinea tonsurans occurred together in the same case, the ringworm on the body was readily cured. Of the whole twenty, two were cured completely, one in six weeks, the other in two months. In seven there was certainly improvement—that is, where there were several patches some were cured, but in the other patches the hairs were still diseased. The remaining eleven cases were only slightly improved, though the treatment was kept up for at least three months, and even longer.

On Diphtheritic Paralysis.

At a meeting of the Medical Society of London, January 29, Dr. Dowse read a paper on diphtheritic paralysis. He spoke in reference to the history of this disease, its etiology, diagnosis, prognosis, treatment, and pathology; he collected from more recent authors their various opinions, and explained by numerous examples how insidious the attacks of this form of paralysis really are. Sometimes it involves the muscles of the throat alone; at other times, merely the muscles regulating the ocular accommodation are affected; whilst, in some cases, every muscle of the body is brought under its influence. Dr. Dowse said that in his experience it was impossible to state with any certainty in what patients paralysis was likely to supervene an attack of diphtheria, and *vice versa;* neither had he been able to trace in the constitution of patients any especial idiosyncrasy which rendered them more prone to the paralyzing influence. He first spoke of the altered condition of the blood in diphtheria, and the relationship of the paralysis to albuminuria; the periodicity of the paralysis, its nature in reference to motion and sensation, the migratory character of the latter, which made it resemble in some respects hysterical paralysis. He considered, although the disease was one which usually terminated favorably, that there were four remedies of great value in treatment, viz., nutrition, rest, the injection of strychnine, and the use of the galvanic continuous current. In bad cases he invariably fed the patient repeatedly through the day, by means of the nasal tube; this gave what was of the highest importance—rest to the palsied muscles. One-twelfth to one-sixth of a grain of strychnine was injected subcutaneously every day, and the continuous current applied to the spine and the palsied muscles. Lastly, Dr. Dowse spoke of the pathology of this disease. For his own part, he quite agreed with MM. Charcot and Vulpian, that the paralysis was more or less reflex than central; that an advancing neuritis extended from the nerve periphery throughout its trunk; and he thought the theory quite admissible in reference to the palatine muscles, and that its extension would be accounted for by the direct anatomical connection between the spheno-palatine, otic, and Casserian ganglia.

Paralysis Treated by Nerve Stretching.

The *Aerztliches Intelligenz-Blatt*, No. 8, 1876, reports the following case :—The patient, a Polish gentleman, aged 35, had for eleven years suffered from paraplegia, the result of an injury in the sacral region. There had been an almost total loss of sensation, while voluntary motion was completely annihilated. The bladder and rectum were affected, and incontinence of urine followed. After administering chloroform, the following operation was performed. A curved incision was made in the right groin, over and along the course of Poupart's ligament. The fascia was divided, and the anterior crural nerve exposed and separated from the vein and artery. The operator hooked his finger under the nerve, and raised it with such force that the foot was moved. He then seized it between the thumb and finger, and made traction downward, until it appeared to be elongated. The inguinal wound having been carefully dressed, a longitudinal incision was made on the same side, midway between the tuberischii and the great trochanter, so as to expose the sciatic nerve, which was also elevated from its bed and pulled forcibly upward and downward. These operations were followed by the immediate cessation of the spasmodic movements with which the limbs had been affected since the time of the accident, on the side on which the operation had been performed. The wounds healed rapidly, and the operation was repeated on the left side in a fortnight, with the most satisfactory result. The relief afforded was complete, and the patient, who for years had been confined to his bed, was subsequently able to get up and move about on crutches, the paralyzed limbs being furnished with mechanical support.

A New Suggestion in Transfusion.

The London *Medical Times and Gazette* quotes from the St. Petersburg *Medical Wochenschrift*, that Drs. Istomin and Welikij, of St. Petersburg, observe that a great obstacle to the success of transfusion is the coagulation of the blood transfused, and the formation of thrombi. They have, therefore, instituted experiments to ascertain how far this may be obviated by employing the vessel of a living animal as a canula. For this purpose a portion of the jugular or femoral vessels was cut out from a living animal and passed into a glass tube four or five millimetres shorter than the excised portion of

the blood-vessel, the ends of which were secured to the tube by silk threads. As a means of comparison, a similar glass tube was employed without having the blood-vessel attached to it. Another plan was to cut out large portions of the blood-vessels, and only to arm their free ends with glass tubes. The last plan is most suitable when venous blood is employed, and this the authors prefer to arterial. The experiments showed that while blood on entering the simple glass tubes immediately formed small coagula, that which passed through the "living canula" remained fluid, provided that no lesion of the inner wall had taken place, which would give rise to coagulation. The blood-vessels thus removed from the animals retained their power of maintaining the fluidity for an hour and a half. During the experiments the stream of blood was often interrupted, and again allowed to flow, without any coagulation being induced, while the whole calibre of the simple glass tube became blocked up in seven minutes.

Suggestions for the Cure of Aneurism.

Dr. Horace Dobell makes the following suggestions in the *British Medical Journal*, February 3d:—

I wish to submit to the consideration of surgeons a simple suggestion for the safe and rapid cure of aneurism. It is, to stop the circulation above and below the aneurism, and substitute for the fluid contents of the sac a substance insoluble in blood, solid at the temperature of the blood, fluid at a temperature low enough to allow of its being safely brought into contact with living tissues, and changing from liquid to solid without fail and with great rapidity, and which at the same time is light, innocuous and unirritating. All these conditions are completely answered by either spermaceti, melting at 120 degrees, or stearin, melting at 130 degrees; and I submit to the consideration of surgeons whether there is any practical reason why an aneurism should not have its fluid contents withdrawn by an aspirator and their place filled by melted spermaceti or stearin. Either of these substances would so rapidly and permanently solidify *en masse* as to be absolutely free from the danger inseparable from either "active" or "passive" clots being washed away when the blood-current is again allowed to flow; and the time occupied in their solidification would be so short as to remove all danger of damage from arrested circulation in the parts below the aneurism. I need scarcely add that the subsequent blocking of the artery above and below the aneurism will, of course, go on as usual.

Salicin and its Congeners.

A report of a number of observations with salicin, salicylic acid and the salicylates, was read before a recent meeting of the Clinical Society of London, by Dr. H. Weber. In comparing his own experience with that of others, he arrived at the following inferences: 1. That salicin and its congeners are powerful antipyretics, equal to quinine, with the exception of the effects of the latter on ague, against which they are comparatively powerless. 2. That they are of more general value in the treatment of rheumatic fever than any remedies hitherto tried, although they are not applicable in all cases, and thus not always able to prevent complications. 3. That their antipyretic influence may be usefully employed in other febrile diseases, such as typhoid fever, in combination with other modes of treatment, such as alcohol and bathing. 4. That their use is occasionally attended with accidental symptoms, some of these being unimportant, as noise in the ears, various degrees of deafness, giddiness, nausea, abundant perspiration, and possibly a cutaneous eruption; while others are graver, such as vomiting after every dose, delirium, and collapse, pointing to the necessity of caution and watchfulness, especially in states of weakness of the heart and exhaustion. 5. That there is no essential difference in the action of the three remedies mentioned; but that salicylate of soda, being more soluble and more easily absorbed, exercises a more rapid effect, but requires to be given in somewhat larger doses than either salicin or salicylic acid; that among the two latter salicin possesses in so far the preference, as the taste is less disagreeable, and as it is more soluble than salicylic acid, which, in its undissolved condition, seems to be able to give rise to local irritation of the mucous membrane of the fauces and stomach.

Treatment of Leprosy.

The Committee of the College of Physicians, London, lately reported on this subject. The report stated that as regards the "Beaupurthuy" system of treatment, or that by cashew oil, the conclusions drawn by Dr. Gavin Milroy, as the result of his personal investigations in the West Indies, still represent the best information on the subject. These conclusions were to the effect that the remedy diminishes or disperses for a time the local tubercular formations, especially in the earliest stages of the disease, but that the coincident general improvement is in great measure due to the hygienic measures and liberal allowance of fresh food prescribed at the same time, and that there is no proof that the oil is capable of effecting a decided cure. As regards gurjun oil, the College consider it a remedy of considerable efficacy in modifying local conditions, and apparently in improving the general health of the leper, but they affirm that in the case of cashew oil there is no sufficient evidence to show that it possesses any real curative properties. The report concludes with a most important recommendation, which runs as follows:—"The College is of opinion that in many cases in which medicines have been used with *apparent* good effect, the favorable result

has really been due, in great measure, if not entirely, to the improved general hygienic conditions in which lepers have been placed; and the College would strongly urge that the attention of Government should be especially directed to this important consideration. It decidedly recommends that lepers should be placed under the immediate charge of the Government, in hospitals or asylums properly provided for that purpose, and in which they should receive adequate attention so far as concerns the observance of cleanliness, and the provision of proper food, clothing, fresh air, regular exercise and occupation, and where the real value of any system of treatment, such as those under consideration, might be submitted to careful investigation under the observance of competent medical men."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. F. H. Davis, of Chicago, is convinced that he has found very decided benefit, in phthisis, from the use of extract of malt. His conclusions are given in a paper reprinted from the *Transactions of the American Medical Association.*

——A full term extra-uterine gestation is an almost unique occurrence. One such is described by Dr. A. Sibley Campbell, of Augusta, Ga., in a pamphlet he has sent us.

——Dr. Lewis Sayre's very able report on Pott's disease of the spine has been reprinted from the *Transactions of the American Medical Association.*

—Dr. Edward R. Squibb, of Brooklyn, New York, has published a thoughtful pamphlet, full of suggestions, entitled, "The American Medical Association and the Pharmacopœia of the United States of America;" also, a "Report to the Medical Society of the State of New York on the Fifth Decennial Revision of the Pharmacopœia." All interested in this important subject should apply to Dr. Squibb for copies of these publications.

We have received copies of the following:—

Annual Reports of the Northern Dispensary, Philadelphia; the Kentucky Infirmary, Louisville; the Pennsylvania Hospital for the Insane; the Pennsylvania Institution for the Instruction of the Blind; of the Board of Health, Reading; the New York Ear Dispensary; the Registration Report of Rhode Island.

BOOK NOTICES.

The Microscopist: A Manual of Microscopy, and Compendium of the Microscopic Sciences, Micro-Mineralogy, Micro-Chemistry, Biology, Histology and Pathological Histology. Third Edition. Rewritten and greatly enlarged, with 205 illustrations. By J. H. Wythe, A. M., M. D., Professor of Microscopy and Biology in the Medical College of the Pacific. Philadelphia, Lindsay and Blakiston, 1877. 1 volume, cloth, 8vo., pp. 259. Price, $4.50.

The microscope, as an aid to precision in diagnosis, has become literally indispensable to an enlightened physician. Yet, beyond the rudiments of microscopic science, the ordinary education of a physician rarely extends. The author, in the volume before us, as his title intimates, teaches the use of the instrument, not only in pathology, but also in physiology, chemistry and mineralogy. He is terse and clear in his description, and one is surprised to find how much information he has condensed into his chapters. Although it is true that there is not much that is new in his pages, and very few results of original investigations are given, as a summary of the present state of microscopy and a condensed presentation of the facts that the student of it should learn, the work deserves to rank very high.

The illustrations are numerous, very well cut, and very well printed, the most of them in colors. Twenty-seven full-page plates are inserted, representing chiefly the lower forms of organic existence. One chapter of the book and three plates are devoted to "The Microscope in Pathology and Practical Medicine." Cancer cells and urinary deposits are the principal objects represented.

A Series of Clinical Lectures. Edited by E. C. Seguin, M. D., vol. ii, Jan.–Dec., 1876. New York, G. P. Putnam's Sons, 1877. 8vo, cloth, pp. 340. Price, $4.

The various lectures which form this volume have mostly been noticed in these columns at the date of their appearance. Reviewing them again as they are here presented in book form, we cannot but regard the collection as highly creditable to the American profession. The subjects are varied, and the handling of them able. It is an enterprise which deserves continued support.

THE

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THE PENNSYLVANIA MEDICAL ACT.

It is known to most of the profession of this State, that the Medical Bill, approved April 12th, 1875, turned out quite incomplete and unable to attain the excellent objects for which it was designed. The Reporter contained the rulings of the Court which exposed its inadequacy, and we need not now refer to them.

Another bill has been prepared and submitted to the legislature at the present session. It is "Senate Bill, No. 89," and although the text may undergo some modifications before it becomes a law, we think it as well to submit its provisions at once to our readers.

It repeals the act on the same subject approved 12th April, 1875, and requires practitioners to have a good moral character, a thorough elementary education, and comprehensive knowledge of human anatomy, physiology, pathology, chemistry, materia medica, obstetrics, and the practice of medicine, surgery and public hygiene. Its remaining sections are as follows:—

Section 2.—It shall be unlawful, after the passage of this act, for any person to announce himself or herself as a practitioner of medicine, surgery, or obstetrics, or to practice the same, who has not received, in a regular manner, a diploma from a chartered medical school, duly authorized to confer upon its alumni the degree of Doctor of Medicine. *Provided*, That this shall not apply to any resident practitioners of medicine, surgery, or obstetrics, who have been in such continuous practice in this commonwealth for a period of not less than five years previous to the passage of this act.

Section 3.—Before any person shall engage in the practice of medicine, surgery, or obstetrics in this Commonwealth, where he has no regular diploma, or has not been in continuous practice for five years, such person shall make affidavit, under oath or affirmation, before the Prothonotary of the county where such person intends to practice, setting forth the name and location of the institution from which such person has received a degree of doctor of medicine, and the date thereof; or in case such person has not received such degree, the time of continuous practice, and the place or places where such practice was pursued in this Commonwealth; thereupon the Prothonotary shall enter the same on record in a book specially provided therefor, to be kept in his office, and open to the inspection of the public, and for such service he shall receive the sum of two dollars, to be paid by the affiant, one-half for the use of the county.

Section 4.—Any person who shall attempt to practice medicine or surgery for valuable consideration, by opening a transient office within this Commonwealth, or who shall, by handbill or other form of written or printed advertisement, assign such transient office or other place to persons seeking medical or surgical advice or prescription, or who shall itinerate from place to place or from house to house, and shall propose to cure any person sick or afflicted by the use of any medicine, means, or agency whatsoever, for a valuable consideration, shall, before being allowed to practice in this manner, appear before the Clerk of the Court of Quarter Sessions of the county wherein such person desires to practice, and shall furnish satisfactory evidence to such Clerk that

the provisions of this act have been complied with, and shall, in addition, take out a license for one year, and pay into the county treasury, for the use of such county, the sum of fifty dollars therefor, whereupon it shall be the duty of such Clerk to issue to such applicant a proper certificate of license, on payment of the fee of five dollars for his services.

Section 5.—Any person who shall violate or fail to comply with any of the provisions of this act shall be deemed guilty of misdemeanor, and, on conviction before any court, shall be sentenced to pay a fine not less than $200 nor more than $400 for each and every such offence, for the use of the county wherein such misdemeanor is committed.

The sort of opposition which the bill met with may be judged from the remarks of Senator Chestnut, from Cumberland county. This enlightened Statesman made a speech against the bill, declaring that it would only benefit a clique of doctors, at the expense of the people. What the citizens wanted was, not so much men with diplomas in their pockets, as those with brains in their heads. The diplomas were, at the best, only *prima facie* evidence that their owners had gone through a systematic course; that they had listened to lectures which professors had stolen the night before from medical books. The medical schools afforded no particular benefit, except through their dissecting rooms, and what a country student gained from them was likely to be counterbalanced by the corrupt air of the great cities, which affected his moral character. The true doctor merely assisted nature, and the same, or an equally good result, was to be obtained, in nine cases out of ten, by the application of patent medicines, which were carefully compounded, cheap, and easily obtained, and were in use by probably one hundred thousand families in the State.

After this remarkable specimen of eloquence and good sense, the bill was ordered to be printed. There is some doubt how far it will get this session; but we pray to be spared further such evidence of wisdom as that quoted.

Notes and Comments.

"Digestine."

Dr. J. M. Dallam, of this city, writes us an incident of an irregular practitioner using a strong soup of gizzards in a prolonged attack of vomiting and purging, with prompt success, thus supporting Dr. Shelly's views.

Endocarditis from Gonorrhœa.

In the *Archives Gen. de Medecine*, December, 1876, Dr. Marty sums up what he believes is known concerning this rare affection, as follows: 1. Gonorrhœa may be complicated with inflammation of any of the serous membranes, acting directly upon them. 2. Rheumatism is by no means a necessary intermedium of the specific lesion of the serous membrane, although the co-existence of the two complications most commonly occurs. 3. The organism, when attacked, reacts according to its predisposition. 4. Cardiac complications are very rare; the aortic orifice seems to be the one most frequently attacked. 5. This specific endocarditis presents the same symptoms and the same dangers as simple endocarditis. 6. The endocardium seems to be as often attacked as the pericardium, if not oftener.

The Fluid of Peritoneal Effusions.

In describing some researches on this subject, M. Méhu, of Paris, states that, in general, the prognosis is worse in cases in which the fluid contains little, than in those in which it contains much solid. It was found that the liquid of an ovarian cyst contained a large quantity of solid matter, and the ascitic effusion from solid tumors pressing on the portal vein contained a larger quantity than those which resulted from disease or general dropsy. Almost all the liquids due to cancerous tumors had an icteric tint, and contained bile, and this the author noticed also in cases of cirrhosis of the liver. He believed that in many, although not in all cases, the chemical analysis of the liquid gives evidence of its origin in an ovarian cyst, or in the peritoneal cavity.

A New Poison.

The *Medical Press* and *Circular* says the Garden of Acclimatization of Paris has received several specimens of one of the most interesting of the flora of Rio Nunez—the Teli.

The tree is an almost unknown species, and produces one of the most violent of existing poisons, which has recently been tried with success in several cases of tetanus. The Teli grows from sixty to eighty feet high. Its wood is very hard and close, and is much sought after for the building of boats, in consequence of its resistance to decay.

Its bark affords a violent poison. In important lawsuits among the aborigines of the country, and when the proof of the case by evidence fails, teli is administered as an infusion, as an "ordeal" to both the parties to the cause. He who survives is declared innocent, but almost always both die. No antidote is known, but the natives combat its effects by means of the bark of the *boullé-bélé*, a species of acacia which produces abundant vomiting.

Gallic Acid in Urino-Genital Diseases.

In a letter from Dr. R. B. Boynton, of Massachusetts, the writer remarks:—The use of gallic acid has proved so effectual in my practice in certain affections of the urinary organs, particularly albuminuria, incontinence of urine, and hæmaturia, that I was early led to the use of it in cases of impotency and spermatorrhœa. I use a saturated solution of the acid, tablespoonful three times daily, and Squibb's fluid extract of ergot at night, together with a well regulated regimen.

Correspondence.

Scrofula in the Negro Race.

Ed. Med. and Surg. Reporter:—

By the repetition of the request of Dr. W. R. P., of Virginia, I am induced to write this article for the Reporter. Having been reared with and among a large negro population, I claim to understand their habits and proclivities as well as most men of my age, and I have been called upon to treat quite a number of this class of unfortunate creatures who were afflicted with scrofula. But to one cognizant of their mode of living, it is no matter of surprise that they (the negro race) should be so scourged with this disease. They often congregate and sleep in mere hovels, that have not one hundred feet of air to each inhabitant. Their houses very often have but two openings, a door and a fireplace. On account of the poverty of the race, they cannot receive a generous or expensive treatment, and the physician is compelled to resort to as cheap means as possible, and oftentimes we are obliged to adopt the root and herb system of practice. It is almost an impossibility to get them to observe Sir James Clark's fifth rule, "The hours of rest should extend from sunset to sunrise," as they are so nomadic at night.

In regard to treatment, we must first, as Bennet justly observes, "look to the pabulum which ministers to the nutrition of the body itself, through the channel of the blood." Especially in the negro do we find an impoverished condition of the blood, from poor food and bad air. I find, from experience, that their first ailment is dyspepsia, they invariably complain of an inability to eat their food. My first and chief aim is to gain their confidence (the negro is a perfect creature of imitation and superstition). The following is my chief reliance as a remedy:—

℞	Tinct. phytolacca decandra,	℥iij
	Tinct. iodine	℥j
	Nitro-muriatic acid	℥j
	Water	℥ij

Shake and take one teaspoonful three times a day.

If there is any cough, I use the iodo-hydrargyrate of potassium of the U. S. D., in five-drop doses, three times daily. With proper hygienic regulations, as to keeping skin clear, and the above remedies, I have effected some remarkable cures, never forgetting to lift the veil of superstition off their darkened mental vision. I could give a list of cases treated, if necessary, including the babe of one month and the old man of sixty.

C. H. Fort, M. D.

Adams Station, Tenn.

Salicylic Acid in Acute Rheumatism.

Ed. Med. and Surg. Reporter:—

A. McK., aged 35, was the subject of an attack of inflammatory rheumatism, in November, 1875.

November 22d. I was called at ten o'clock in the forenoon, and found my patient in bed, suffering severely and unable to move. Told me this was the third attack in four years. The attack previous to this lasted for eleven weeks. Had been taking gum guaiac, in brandy, for two weeks, but kept getting worse. I put him on the alkaline treatment, with tonics, nourishing diet, etc.; applied chloroform liniment to the swollen and painful joints, and rolled them up in cotton-batting.

November 23d. The joints hot, swollen, and exceedingly painful. Was perspiring freely. Temperature 102°. Pulse 110; tongue thickly coated; bowels constipated; urine high-colored and scanty.

December 10th. Patient greatly depressed in spirits; the joints still swollen, hot and painful; urine scanty; bowels constipated; tongue coated; pulse 100. Having noticed, in the cases which I saw reported, of the use of salicylic acid in this disease, that the relief was almost immediate, I resolved to try it. All previous treatment was discontinued, and I ordered ten grains of salicylic acid, in gelatine capsules, every two hours.

December 11th. Found patient feeling much better; the pain and tenderness was subsiding; bowels had moved once; pulse 90; tongue slightly coated; urine scanty.

December 13th. Found patient lying on his side, pain all gone, but the joints felt stiff. Had slept nearly all night; urine not so highly colored; pulse 80; temperature 98°. Ordered the medicine every four hours, for the next twenty-four hours.

December 14th. Patient sitting up in a chair and able to walk very slowly around the room; bowels regular; pulse 80; urine more profuse and not so dark.

December 20th. Patient able to walk several rods out of doors, joints a little stiff, feels weak, but gradually recovering strength, appetite good, bowels regular, no pain or tenderness. There has been no return of the disease and no ill effects caused by the medicine. There was no other medicine used while using the salicylic acid, and no local applications. The only disadvantage with the medicine was a considerable irritation of the mouth and throat, and a hot burning sensation in the stomach.

Case 2.—Lizzie K., aged thirteen, had been suffering for several days with severe pain in both lower extremities. I first saw her at seven o'clock in the evening; ordered three-grain doses of salicylic acid every two hours. Saw her again next day; pain nearly all gone, and feeling quite comfortable. Did not see her again for several days, when I met her on the street. She was up working in the house in four days from commencement of the salicylic acid, and has had no return of the disease.

Case 3.—O. B. W., aged twenty-two, was subject to an attack of inflammatory rheumatism, in March, 1876, affecting the right lower extremity. Ordered him seven grains salicylic acid every two hours. In twenty-four hours the pain and tenderness had all disappeared, but the joints felt stiff. Discontinued the medicine, and in twenty-four hours pain and tenderness in left elbow and wrist. Ordered the salicylic acid as before, and the next day was all right and has had no return of the disease since. After taking two or three doses, patient complained of nausea, but no vomiting, and as soon as the medicine was swallowed, a terrible burning sensation in the stomach. To relieve the burning sensation, I ordered oatmeal gruel, which relieved it almost immediately.

Sheboygan, Mich. T. A. Perrin, M. D.

—Dr. R. A. McLean has taken editorial charge of the "Western Lancet."

—Dr. Prokop von Rokitansky, one of the sons of the famous Vienna pathological professor, has been appointed Professor of Medicine at Innsbrück.

—M. Emmanuel Moiana, lately deceased, has bequeathed to the city of Paris the sum of one million francs, 500,000 to be devoted to the construction of a hospital, 5 .0,000 to be invested for its endowment.

News and Miscellany.

The Alabama Medical Law.

The following Act was approved by the Governor of Alabama, February 9, 1877. The copy was kindly furnished us by Dr. C. H. Franklin, of that State. As will be seen, it differs widely from the Act proposed in this State:—

Section 1. Be it enacted by the General Assembly of Alabama, That no person except those proposing to practice some irregular system of medicine shall be permitted to practice medicine in any of its branches or departments, as a profession and means of livelihood in this State, without having obtained a certificate of qualification from some authorized board of medical examiners, as hereinafter provided.

Sec. 2. Be it further enacted, That no person shall be permitted to practice any irregular system of medicine, in any of its branches or departments, as a profession or means of livelihood in this State, without having obtained a diploma or certificate of qualification in anatomy, physiology, chemistry, and the mechanism of labor, from some authorized board of medical examiners, as hereinafter provided.

Sec. 3. Be it further enacted, That the board of censors of the medical association of the State of Alabama, organized according to the constitution of the said medical association of the State of Alabama which was adopted at its annual meeting at the city of Tuscaloosa in March, 1873, and the boards of censors of the several county medical societies which are in affiliation with the said medical association of the State of Alabama, and organized in accordance with the provisions of the constitution just mentioned, be, and are hereby constituted the authorized boards of medical examiners referred to in the first section of this act.

Sec. 4. Be it further enacted, That the standard of qualifications required of persons desiring to practice medicine in this State, together with the rules for the government of the authorized boards of medical examiners, shall be such as may be determined from time to time by the said medical association of the State of Alabama, in accordance with the provisions of its said constitution of 1873.

Sec. 5. Be it further enacted, That every diploma or certificate of qualification authorizing any person to practice medicine in this State, which shall be issued by any authorized board of medical examiners, shall be presented to the probate judge of the county in which said person resides, who shall officially endorse the same, and seal it with the seal of the county, and who shall also cause a full and fair copy of the same to be made in a well bound book to be kept for that purpose, and called the register of licensed practitioners of medicine, and for this service he shall be entitled to a fee of one dollar; Provided, That said medical association nor any board of censors in affiliation with it shall not be allowed to charge any fee for any diploma

or certificate of qualification which may be granted by it.

Sec. 6. Be it further enacted, That any person practicing medicine in this State in violation of any of the provisions of this act shall be guilty of a misdemeanor, and upon conviction thereof before any court having competent jurisdiction shall be fined in the sum of not more than one hundred dollars for every such offence, and if the fine so imposed be not immediately paid, said person shall be imprisoned in the county jail for not more than one year for every such offence.

Sec. 7. Be it further enacted, That all persons who shall be legally engaged in the practice of medicine in any county of this State, before the organization of the board of medical examiners in said county, all persons who at any time have been legally engaged in the practice of medicine in this State, and who are now authorized to practice medicine in this State, shall be entitled to the certificate of the board of medical examiners, and to be inscribed in the register of licensed practitioners of medicine, without examination as to qualification.

Sec. 8. Be it further enacted, That the provisions of this act shall take effect in any county of this State, whenever the board of medical examiners for said county shall have been organized as hereinbefore provided, and the fact of such organization officially communicated to the probate judge of said county by the board of censors of the medical association of the State.

Sec. 9. Be it further enacted, That none of the provisions of this act shall apply to females who now are or may hereafter be engaged in the practice of midwifery, provided said females practice no other branch or department of medicine.

Items.

—The *Lyon Médical* relates the case of a married woman living in Paris who has just given birth to a triplet, comprising her twenty-second, twenty-third, and twenty-fourth children. This woman, in the course of her married life of nine years, has given birth to twenty-four children, all born three at a time and in perfect health. This remarkable family party consists entirely of girls.

—The Chicago *Tribune* says of the ravages of scarlet fever in that city: "Notwithstanding the clearer skies, better air and brighter sunlight, it does not abate; on the other hand, it daily enlarges its bounds and attacks new victims, raging not only in the low and filthy parts of the city, but also in the clean and wholesome sections."

—The fifty-ninth annual report of the Board of Managers of the Northern Dispensary of Philadelphia, for the Medical Relief of the Poor, shows that during the past year 18,684 patients were attended to, and 35,267 prescriptions put up.

For Sale.

A complete copy of Braithwaite's *Retrospect*, 1840–1876, handsomely bound in half morocco, 36 volumes, is offered for sale low. Address the Editor of the Reporter.

Personal.

—Dr. P. J. Prendergast, formerly of this city, but now Coroner of Luzerne county, has been completely vindicated from the charges made against him last summer.

—Dr. Pollard, of St. Louis, recently committed suicide, according to his own written statement, to solve his doubts in relation to a future state.

—Dr. Erasmus Wilson, the eminent dermatologist of London, has contracted for the removal of the obelisk known as Cleopatra's Needle from Alexandria to the former city. The cost will be $50,000.

—We regret to announce the death, on February 19th, of Dr. C. E. Buckingham, professor of obstetrics in Harvard University. He took his degree of A. B. at Harvard in 1840, and was graduated from the medical department in 1844. He was chairman of the Committee of Ethics of the Massachusetts Medical Society, where he did much efficient service.

QUERIES AND REPLIES.

—Dr. W. W. Pennell, Nashville, Ohio, desires the address of Dr. S. Albright, formerly Surgeon Second Ohio Artillery.

Learn, Pa.—*Dystocia*, difficult labor. *Endothelium*, the single layer of flat cells which form the inner membrane of blood vessels. *Serosa*, serous or watery membranes.

Conjunctivitis.

Georgia recommends C. R. (current volume p. 142) to give five drops tinctura phytolaccæ four times daily, and a few drops in the eye daily of the same, one fluid drachm to one fluid ounce of simple syrup.

Impotence.

Dr. S. F. Newcomet, of Ohio, writes: In several obstinate cases I have found slight and unsuspected urethral strictures. In all such the stricture must be effectually removed before any kind of medication will avail. Infuse the mind of your patient with a conviction of ultimate cure, and it will be a valuable factor in the securing of that end.

DEATHS.

Freeman.—At Woodbridge, N. J., February 4th, 1877, Ellis B. Freeman, M. D., in the seventieth year of his age.

Holyoke.—Thomas Holyoke, M. D., died at his residence, in Grinnell, Iowa, on the 14th of February, 1877, aged sixty years. His death resulted from paralysis of seventeen hours' duration.

Trowbridge.—On the 30th ultimo, Mary D., wife of Dr. Richard S. Trowbridge, and daughter of the late Isaac Coles, of New York.

Turner.—Suddenly, on the 22d ultimo, William Mason Turner, Jr., son of Dr. William Mason and Hannah A. Turner, aged 19 months and 3 weeks.

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Original Department.

Lecture.

ON INFANTILE PARALYSIS.

Delivered at the Orthopædic Hospital and Infirmary for Nervous Diseases,

BY WHARTON SINKLER, M.D.

Reported by FAIRFAX IRWIN.

Gentlemen—The disease to which I shall call your attention to-day is one of considerable importance, because, although it is one of comparatively common occurrence, it is but little understood by the general practitioner, and the text-books, until recently, have either not mentioned it, or have given imperfect descriptions of it. I refer to infantile paralysis. The affection has been called by a great variety of names. Duchenne, who first described it, gave it the name of "fatty atrophic paralysis." Meigs and Pepper call it "atrophic infantile paralysis," and it has also been called "essential infantile paralysis." Hammond formerly used the name "organic infantile paralysis," but now, following Seguin, he calls it "infantile spinal paralysis." What all these authors have attempted to express, is that the disease is one peculiar to childhood, and that it is distinct from paralysis produced by brain lesion or by spinal meningitis or myelitis. None of these names express this, so I prefer to use the name "infantile paralysis," until a better one is proposed, and to term the other forms of paralysis in children according to the lesion producing them.

The disease, however, is not confined to children, for what seems to be an identical affection is met with in adults. Dr. Seguin has published a number of cases, of what he calls "spinal paralysis of the adult," and I did hope to have shown you to-day a case of that disease, but the patient, I am sorry to say, has failed to come.

We have had a large number of cases at this institution, of infantile paralysis, and some time ago I tabulated, in *The American Journal of the Medical Sciences*, eighty-six cases. Since then I have been able to add twenty-two more.

I will now call your attention to some of the distinctive characteristics of the disorder. It generally occurs in a child previously healthy, between the ages of eighteen months and three years.

The patient is attacked suddenly; or more commonly, after a feverish and restless night, it is found paralyzed. After the attack, certain parts recover much sooner than others. For example, in a case in which all the limbs are affected at first, the arms usually recover in a very short time, say in from ten days to two weeks. The more deeply palsied limbs remain so for months before signs of improvement are seen, and in the meantime they atrophy.

The attack comes on without convulsions. It is well to bear this in mind, for Hammond, who is good authority, says that convulsions do occur at the outset. In but one of one hundred and eight cases which have come under my observation were there convulsions.

There is usually fever for a day or two, pain when the child is handled, and it complains of pain in the back, if old enough to do so. There is never anæsthesia, hyperæsthesia, nor paralysis of the bladder or rectum. Some of the limbs, as I have said, recover very quickly,

others atrophy and become cold and shrunken. As the least paralyzed limbs get better, the contrast between them and the atrophied parts is greater. When atrophy of the muscles occurs the growth of the bones is also retarded, causing shortening of the limb.

I now show you a typical case of the disease under consideration. G. F., aged eight years, came to the clinic in 1874. When six years of age, having been previously healthy, she had a fall while walking. There was at the time no apparent injury; but next day the mother of the child noticed weakness in its legs; there were no convulsions, but the little patient was feverish, and by evening there was general loss of power. The fever lasted for two weeks, and she was "out of her head" most of the time. The arms recovered in about five weeks, at which time the only improvement observed in the lower limbs was slight power to move the toes. Since then she gradually improved. When first examined by me there was equino-varus of the right foot, but no deformity of the left foot. She could flex the toes of the right foot, but could only extend the foot, and could not stir the left foot or toes. She could flex the right leg, but not the left. There was recurvation of both knees. The surface was cold and mottled. There was failure to respond to the Faradic current, but a strong galvanic current moved all the paralyzed muscles.

As her parents lived at a distance, and could not then leave her at the hospital, I ordered an apparatus for the limbs and sent her home. A few weeks ago she returned to us, as she had not improved in walking. If you look at the legs you see clearly the characteristic appearances of the disease. The skin is mottled, like a piece of castile soap, and the day is not cold. You notice that the right foot, now I hold it up, has equino-varus, *i. e.*, the heel drawn up and the toes pointing down, and the inner side looking up. The deformity is caused by contraction of the tendo-Achillis. There is but little deformity of the left foot, only slight equinus. She cannot extend either leg; she can flex the right leg readily, but the flexors of the left leg are weak; there is no power to flex the right foot, but she can extend it; she flexes the toes, but cannot extend them; she can neither flex nor extend the left foot, but she flexes the toes. There is, I see, slight power to flex the foot. Her back is straight, and there is no trouble with the bladder or rectum.

Another thing I wish to call attention to is the shape of the legs: they are knock-kneed, and when I extend the leg I can extend it too far; it looks almost like flexing it backward; this is called recurvation of the knee, and is owing to relaxation of the ligaments of the knee-joint and flexor muscles of the leg, the biceps, semi-membranosus and semi-tendinosus. In the right leg you observe the same thing, but in a less degree. Look at the toes: they are purple, cold, and crowded together. There is no sign of slough, no cicatrix, nor any want of vitality in the skin, but, you see, if I pick up a fold of the skin it is adherent to the subcutaneous cellular tissue. I cannot separate it, as in a healthy limb. The limbs are cold below the knees, although the temperature is better than it was. Notice that when she stands she bears the most weight on the right leg. Both knees are bent far back, and the foot is thrown out and then flopped down when she walks. I want you to observe her general appearance. You see she is a strong and healthy-looking child, and she has always been so, both before and since the paralysis. I have not examined the temperature of the limbs, but have no doubt that the thermometer would show great difference between the least paralyzed limb and the one most affected. Here is another case of infantile paralysis in which there is paralysis of the left leg. The temperature of the left calf is 74°, while that of the right is 84°, a difference of ten degrees.

I now present to you again the first case, who has had her apparatus applied while you were examining the other patient. The object of the instrument is to prevent the recurvation of the knees and to support the limbs. You observe that it extends to the hip-joint; at the knee there is a joint with a spring, which locks when the patient stands and keeps the leg extended; when she sits down she can easily flex the leg by raising the catch. A strong elastic band supplies the place of the flexors of the foot, and I want you particularly to notice how it is arranged. Instrument-makers generally attach one end of the elastic band to the outer steel rod of the instrument, just below the knee, and the other to the outside of the sole of the shoe. The result of this is to draw up the outside of the shoe, and to cause the patient to walk on the inside of the foot. Mr. Kolbé, our machinist, at my suggestion, has applied in this case, and in several others lately, a bifurcated

strap, which is attached to each side of the shoe, and from this an elastic band runs up to join another strap, which is also bifurcated and attached to each side of the apparatus just below the knee. In this way the power to flex the foot is applied so as to lift it in the median line.

The patient will now show you what she can do in the way of walking, and you see that, with the aid of a cane, she gets about very well. Since she has been admitted the legs have been daily manipulated and galvanized, and her condition shows the satisfactory results of the treatment, for with the same apparatus she made no progress until the local treatment of the limbs was begun. In speaking of the peculiar features of the disease, I alluded to the different modes of onset.

Dr. Mary Putnam Jacobi, in a very able article on infantile paralysis, divides it into several varieties, depending on the onset. There is no practical necessity for this division, as the treatment is the same in all varieties, but it is interesting always to study all the peculiarities of a disease, and in this way we are often able to throw light on previously obscure ailments. I have been able to verify all the divisions which Dr. Jacobi has made, but one or two, and have added another mode of onset which she does not allude to.

The first variety is where the paralysis comes on suddenly, the patient being under observation when attacked. The child may be playing, and suddenly drops, palsied. The proportion of these cases is small.

Dr. Jacobi found but twelve out of one hundred and sixty-three cases which she had collected from various sources. I observed six out of one hundred and eight cases.

The second class is much like the first, the only difference being that the paralysis has come on during the night, when no one has observed the child.

The third variety is the most common, and is that which I described in speaking of the usual characteristics of the disease.

The fourth class is where paralysis is preceded by convulsions. In only one out of my one hundred and eight cases was this the case; but in two convulsions followed the paralysis.

Dr. Jacobi found four out of one hundred and thirty-seven cases.

The fifth class is where the disease follows one of the acute fevers, such as measles or scarlatina, and sometimes it occurs during whooping cough.

The sixth variety is where the disease comes on gradually. The child begins to limp; the legs get weak three or four days before the paralysis is complete, and there are no acute symptoms.

As to the cause of infantile paralysis, all writers agree that it is very obscure. Age exerts a very decided influence, it being essentially a disease of early childhood. Of the cases which I have tabulated, eighty-four of the one hundred and eight occurred between six months and three years.

Sex appears to exert no influence whatever. Vogel says more boys are affected than girls, but he gives no cases. Of my one hundred and eight cases. fifty four were males and fifty-four were females.

Adams, in his work on "Club Foot," remarks that the occurrence of palsy seems to be common with dentition, and the age at which it usually occurs seems to be confirmatory of that statement.

I have called attention to the fact that the disease is most likely to occur during the hot months. It seems as if hot weather and teething combined serve to produce it. Children are more liable in summer to all nervous diseases, and it does not seem to be necessary that the child should be under the influences of a city life, for several of the cases which I have seen were attacked while living in the country.

I have examined seventy-two cases, in reference to the season at which they were attacked, and find that in fifty two of them the disease occurred in the months of June, July and August, and thirteen in May, September and October. These figures, I think, speak very strongly to show the influence of heat in the production of infantile paralysis.

It has been suggested that direct exposure to cold, such as, for instance, sitting on a stone step, may act as a predisposing cause, and Dr. West refers to two cases which he supposed originated in that way.

Now, as to the frequency with which different parts are affected. The tibialis anticus muscle is most commonly paralyzed, then the extensors of the hand and of the leg, next the flexors of the foot, and lastly the deltoid. The sterno-mastoid is mentioned by Adams as being sometimes paralyzed, but we have never had a case

here. When the paralysis has been general, it is most commonly found in both legs alone, or in one leg, or one arm. The deformities of the feet are of interest more to the surgeon than the physician. Equinus is the most common, varus and valgus being met with in about an equal number of cases.

Pes calcaneus is where the patient walks on the heel. It is produced by paralysis of the extensors of the foot, the flexors remaining intact, and is the rarest of all the forms of club foot. I have met with but two instances of it. There have been many suggestions as to the cause of these deformities. They are probably in part owing to the action of the healthy muscles when their antagonists are paralyzed, and in part to the position which the foot assumes when at rest. The foot naturally falls into the equinus position, and shortening takes place in the extensors. Equinus is the most common deformity.

There is often as much arrest of growth in the foot as in the leg. You will frequently see in limbs, one of which is palsied and the other not, a difference of half an inch in the length of the foot. In regard to the pathology of the disease, it was at first thought that there were no changes in the cord; some said there was congestion, others denied it. Drs. Lockhard Clark and Charcot have done more in clearing up the pathology of infantile paralysis than any other writers In a transverse section of the cord, of which I have attempted to draw for you a diagram on the blackboard, the posterior horns are found healthy, but it is in the anterior cornua that you find the nerve-cells have atrophied and disappeared, and that the connective tissue has increased and become denser, forming the so-called sclerosis of this part of the cord. These conditions have been found in post-mortem examinations of Infantile Paralysis by the above authors. The first lesion is a myelitis, confined to the anterior horns of gray matter, causing their degeneration and atrophy of the nerve cells. The prognosis depends on the length of time the disease has lasted before treatment has begun. Often, in cases of paralysis of the lower limbs, you can restore the power of walking, but if there has been much change in the muscles, if they have undergone fatty degeneration, you can hardly expect to restore complete muscular power to the limb. I think you will find the diagnosis simple enough, if you remember the points I gave you in speaking of the characters of the disease; you can exclude cerebral trouble, as you would in that case have convulsions or loss of consciousness. There is no paralysis of the bladder or rectum, no anæsthesia nor hyperæsthesia, which are symptoms of myelitis and meningitis. The most crucial test is the electrical condition of the muscles. Almost from the first they refuse to respond to the Faradic current; they will respond to the constant current, however. It is stated by some writers that for the first few days after the attack the muscles will respond to the Faradic current. As to the treatment, at first it is well to use counter-irritation over the spine, leeching, etc., as when we have inflammation to deal with; if the child is teething and the gums are swollen, lancing is of benefit.

When the patient is seen later, electricity is one of the most useful agents we can employ. In the selection of the kind of electricity, we must be guided by the condition of the muscles. If they respond to the Faradic current, we should use it, but if not, then the galvanic current will be best. In addition, we may use manipulation, friction and kneading of the parts, and the application of dry heat; the latter are very valuable adjuvants to treatment. Strychnia given internally is often of benefit. Barwell has used strychnia hypodermically, and claims to have had good results. I used it in two cases in this manner, but without any benefit to the paralysis. It is well to apply an apparatus early, in order to prevent deformity. Some form of go cart, or the "wheel crutch" of Mr. Darrach, is of great value, as it enables the patient to walk about and exercise the body, when otherwise the paralysis would prevent locomotion. Tenotomy should be resorted to when the deformities cannot be overcome by an apparatus. Dr. Taylor, of New York, objects to cutting tendons, but I cannot see how he can stretch a contracted plantar fascia, or in some cases the tendo-Achillis.

In conclusion, let me advise you never to be deterred from efforts to relieve the most hopeless case, for some improvement can be made in almost every one, and in the majority the results are very satisfactory. But in this disease, above almost any other we are called upon to treat, patience by both physician and patient, is an essential element of success.

COMMUNICATIONS.

ON THE RADICAL TREATMENT OF UTERINE CANCERS.

BY WILLIAM GOODELL, M. D,

Clinical Professor of the Diseases of Women and Children, in the University of Pennsylvania, etc.

(Read before the Philadelphia County Medical Society, January 10th, 1877.)

A cancer of the womb usually begins on the vaginal portion of the cervix, and creeps upward. The part first attacked is that which bears the brunt of the "insults" of coition and of parturition. This course is not invariable, for I have seen a true cancer start in the body of the womb, and gnaw its way downward to the cervix. But the former course is fortunately the one so commonly taken, that in a large majority of cases the parts involved, being accessible, can be treated surgically, and, as I hope to show, beneficially.

The diagnosis of uterine cancer is usually not difficult. Other diseases may be mistaken for it, but very rarely is it mistaken for anything else. The speculum so often breaks off the friable vegetations, and starts up an obscuring, and sometimes a serious flow of blood, that it should not in the first instance be resorted to for the purpose of diagnosis. A digital examination is generally all that is needed, and I would suggest that, in order to avoid the chance of infecting his puerperal cases, the right-handed physician should train the fingers of his left hand to this work. Should a cancer in its early stage be undistinguishable, by the ordinary tests, from other cervical diseases, the diagnosis may be cleared up by the introduction of a sponge tent. Thus, if the cervix soften down, the os dilate, and the mucous membrane become movable under the expansion of the tent, the disease is probably a benign one. If, on the other hand, the cervix remain hard, its mucous covering immovable, and the os unyielding, the suspicion of malignancy will be confirmed.

How to distinguish the various kinds of uterine cancer is not only often impossible, but is clinically needless. The life-saving problem seeking solution is, not the character of the cancer—whether it be schirrus, or be encephaloid, or be epithelial—but the removal of the cancer. Yet it is well to bear in mind that of these three kinds, the epithelial, and especially its vegetating form, is the least malignant and the most localized. While unprepared to range myself under the banner of the "localists," I am yet sure that uterine cancer very commonly attacks women of fine physique and blooming health; and that, as pointed out by Cruveilhier, a cancer of this organ is, of all cancers, the least prone to infect the system. Its victims die, not so much from specific systemic poisoning, and from transference to distant organs, as from septicæmia, from embolism, and from the exhaustion induced by pain, by sleeplessness, and by the bloody or the serous fluxes. I am also further satisfied, that the patient of the "localist" will live longer, suffer less, and stand a better chance of a cure, than the woman who is treated by palliative measures only.

Whenever the cervix becomes the seat of a malignant growth, the common sense indications are, either to eradicate the disease, or to check excessive serous or bloody discharges, to correct the fetor, to allay pain, and to prolong life. Now, the crumbling vegetations and surface growths cause these serous, bloody and fetid discharges. The pain comes from progressive infiltration. It stands, then, to reason, that whatever restrains these must prolong life. And, of course, if the disease can be eradicated, life may be saved for good. Hence the plan which meets these indications is assuredly to take away the whole, or as much as possible, of the diseased structures. To achieve this, the whole cervix must be amputated, and that either by the cold wire of the écraseur, or by the hot wire of the battery. Should this operation wholly remove the cancerous mass, well and good. But if not, the remaining outgrowths, and the underlying infiltrated tissues must be dug out with the finger-nails, scraped off with Simons' spoons, and snipped off with scissors. The resulting deep and funnel-shaped cavity must next be either charred by fuming nitric acid, or seared over by the hot iron.

I shall not weary you with a recital of all the cases that have passed under my observation, but shall give simply such as illustrate the different operations needed for this mode of treatment.

CASE 1.—Early in November, 1873, I was summoned into the country by my friends, Drs. Joshua R. Evans, and R. N. Downs, to see Mrs. A. M., a woman of about forty, and the mother of several children. I found her bedridden and looking as if she had not long to live. She was, in fact, so low as to be dull of

hearing, stupid, and apathetic, like one in the last stages of typhoid fever. Her rest was broken by severe stabs of pelvic pain, and her strength exhausted by alarming intermenstrual hemorrhages. By the frequency of the latter her complexion had become waxy, and her flesh so translucent-looking as to give the impression that, by the aid of a strong light, one could map out every viscus of her body.

Some months before she had begun to feel unusual sacral pains; then to have watery and bloody discharges; and what with the loss of rest, and with the drain of vital fluids, she had become so weak as to take to her bed some three weeks before my visit. I found the upper portion of the vagina filled by a mushroom-like tumor, which sprang from the cervix of a movable womb. With some misgivings, on account of her weakness, we put her under ether, and noosed the mass in the loop of the écraseur. The whole cervix was cut off, but not without the snapping of a very strong wire. Some cancerous nodules beyond the reach of the wire were scraped away with Simons' spoons, but hastily, on account of an alarming hemorrhage which followed the removal of the mass. This was checked by an application of Monsel's solution, and by plugging up the vagina. The tumor was subsequently examined by Dr. J. G. Richardson, who pronounced it to be malignant.

A week later I charred the whole raw surface with fuming nitric acid. This visit is vividly impressed on my mind by the following circumstance, which I note down as a warning to others. At the suggestion of a chemist who should have known better, I had closed my bottle of nitric acid with a rubber stopper, instead of with the glass one, which was liable to get loose. During the jolting of the railroad cars, and of a ride of several miles in a carriage, the stopper was attacked by the acid, and a gas generated. While kneeling before my patient, and stooping over the bottle to open it, the stopper popped out, and a sudden explosion forced out a fine spray of the contents over the upper portion of my person. I quickly plunged my face and hands into a basin of water, and fortunately escaped with nothing more serious than a smart conjunctivitis and the ruin of a suit of clothes. Since this lesson I have used no other stopper than a glass one, and before taking it out I always cover the bottle with a wet wash-rag, and avert my face.

But to return to our patient. After another such application, and the use of arsenic, iron and ergot, she improved astonishingly. The grave seemed, indeed, literally to give back its dead. I never saw any one so low recover so promptly. The cervical stump skinned over, her hemorrhages stopped, her pains and aches left her like magic, and the color came back to her lips and cheeks. She very soon got out of bed, and for seventeen months performed all the duties of a brisk housewife. During this time I saw her perhaps half-a-dozen times. She came, not on account of any local trouble, but to be reassured that all was doing well. Each time I found the womb movable, and with no other reminder of a cancer than the absence of the cervix. To all intents and purposes she was perfectly well.

On May 29th, 1875, I was again asked by Dr. Evans to see her. I found her exhibiting marked cancerous cachexia and suffering from cruel sacral pains of recent origin. The still movable womb was absolutely without a vestige of disease. But through the posterior wall of the vagina I felt a hard, nodulous tumor firmly attached to the sacrum. Nothing more could be done for her than to allay her sufferings. A few weeks later she died.

Case 2.—J. R., a German woman, aged fifty-one, has had four children, the last one four and twenty years ago. Her menstrual flux ceased in 1870, but in November, 1874, a hemorrhage took place, which she mistook for rejuvenescence. Since then she has become much reduced by repeated floodings and by constant, rest-breaking pains. Early in November, 1875, I saw her for the first time. The so-called cancerous cachexia was then very marked. Her complexion was leaden and she was so weak as to need help in getting on the examining table. Most abominable was the stench arising from her person. I found the upper portion of the vagina blocked up by a large, nodulated mass, so friable that a very gentle digital examination brought on an alarming hemorrhage. I was glad enough to be able to check it with Monsel's solution and by a tampon.

On November 16th, 1875, she was ætherized, and brought before the medical class of the University of Pennsylvania. With the wire-écraseur, a cancerous excrescence as large as a goose's egg was removed. The womb was now found to be immovable, the cervix much enlarged, and occupied by an excavating ulcer.

Its sharp and rugged margin gave a crater like form to the part. There was no chance at getting the wire-loop above the site of the cancer So, with the finger nails of my left hand, I dug out a handful of the more brittle growths, and scraped away the rest with sharp spoons of different sizes. Such portions as resisted these modes of attack were snipped off by the scissors. Free bleeding kept up until healthy structures were reached. By this operation the cervix was hollowed out into the shell of a funnel-shaped excavation, which reached from bladder to rectum, and up as far as the internal os. Into this a large sponge was packed, and the woman put to bed. On the next day this sponge was removed and the vagina washed out. For three or four days, in spite of repeated detergent injections, the stench of her discharges was overpowering. It poisoned the air of a large ward. It then passed away, and with it the slight febrile movement which always follows such operations. A week later I made a thorough application of nitric acid to every nook and cranny of the raw pit. Under arsenic, iron, the bichloride of mercury, and ergot, she rapidly improved. Her hemorrhages ceased, her appetite returned, her complexion cleared up, and she was soon able to resume her long-neglected housework. Her gratitude was great, and rather annoying.

In the following July, eight months after the operation, she had a hemorrhage. For this I made another thorough application of nitric acid, and it did not recur. I saw her last on December 29th, 1876. She was not losing blood, nor suffering pain; but she sent for me on account of growing weakness. I found her up, but too feeble to attend to all her housework. For the past week a kind neighbor has helped her along with it. The cancer has attacked the body of the womb, and she is evidently failing.

Case 3.—I. H., an English woman; was married nine years ago. She is twenty-nine years old, and has had two children. On account of several severe uterine hemorrhages, she was sent to me by a friend, early in March, 1875. Her youth, her blooming complexion and generally healthy appearance, pointed to a polypus or to a fibroid tumor, and I was somewhat surprised to find the cervix partly eaten away by a cancer. As the womb was movable, I urged an early operation. To this she did not at once assent, and it was not until April 22d that I brought her before the class. Seizing the cervix with a volsella forceps, I noosed it in the galvano-caustic loop, at a plane flush with the roof of the vagina. While burning it off, I made firm traction with the volsella, and counter-pressure with the shaft of the electrode, so as to remove as much as possible of the cervix. (*See this Journal* January 6th, 1877, p. 3.) Notwithstanding this was done very slowly, a small artery spouted from the cup-shaped stump. The bleeding was stopped by the porcelain cautery, with which the whole wound was again seared over. The hot wire also scorched the upper portion of the vagina, but she did not seem to mind this, and recovered without a bad symptom. Several weeks elapsed before I could get the sore to skin over, and I began to fear that it never would. But under repeated applications of the silver iodide, it finally healed up, and the woman became well. Two months ago, that is to say, nineteen months after the operation, she came to have me examine her. She was about to return to England, and wished, before going, to know the condition of her womb. She looked extremely well. Apart from the absence of the cervix, I could find no trace of a cancer.

Case 4.—Early in the spring of 1875 I was asked by a medical friend to aid him in the removal of a cancerous cervix. The lady was over forty-five years old, and the mother of several children. She had suffered from all the usual symptoms of such a cancer, and had finally taken to her bedroom, but not actually to her bed. I was struck with the typical leaden complexion of her face. The cervix was extensively invaded, both superficially and deeply, but the womb was movable. One of its lips had been eaten away up to and slightly beyond the vaginal insertion. By two installments of the hot wire the cervix and a portion of the vagina were removed, and the rest of the diseased structures burnt out with the porcelain domes. During the operation much traction on the cervix was needed, and a portion of the bladder was at first included in the wire-loop. It would certainly have been cut off, had not the discovery been made by passing in the little finger through the urethra.

After recovering from the shock of the operation, the lady's complexion began to clear, but her convalescence was not a rapid one. It was not until after she had been sent to the seashore that she slowly but steadily gained in health and strength. Nearly two years have now

elapsed since the operation, and, apart from cicatricial deformity, not a trace of the disease is discoverable. The lady is now able to attend to her household duties, and to be a useful member of society. The cancer may return; it probably will, as the vagina was implicated, but as things now look, she bids fair to live for years to come.

Case 5.—In February, 1875, the day I cannot now recall, my friend, Dr. W. R. Cruice, asked me to see Mrs. B., who lived in the outskirts of the city. I found a married woman, over fifty years old, bed-ridden for several weeks, and so worn out by constant suffering, and so drained by repeated floodings, that as Dr. Cruice expressed himself, and as I firmly believed, "she had not a month longer to live."

The womb was immovable; the cervix much enlarged and shockingly ravaged by a partly vegetating and partly excavating cancer. Being unadvised of the nature of the disease, I had not brought the needful instruments. She was, moreover, so low, that I dreaded even the loss of blood attending an operation. But, with Dr. Cruice's backing, I went to work, first with my finger-nails, and afterward with a small uterine curette that happened to be in my bag. At least two handfuls of cancerous flesh were thus removed. Not having any fuming nitric acid with me, and the nearest apothecary being far from the house, I swabbed out the excavation with a saturated tincture of iodine. Nearly two years have now elapsed, and I have not seen her since, but, as Dr. Cruice informs me, she soon got out of bed, and has all along been attending to her household affairs. She has had no return of hemorrhage, and last week was seen by him walking the streets. I am sure that she is not cured, but I am also sure that the operation has given her a lease of at least two years of life.

Now, in the foregoing cases, there can be no mistake between the relation of cause and of effect. Nor do they embody my whole experience, for I have thus treated thirteen cases of uterine cancer, and with very like results. In all, sexual abstinence was enforced, and the patient put on iron, the bichloride of mercury, arsenic, and ergot. The iron and mercury to redden the blood and to build up the system; the arsenic to repress the tendency to reproduction; the ergot to excite such tonic uterine contractions as tend to shorten the blood rations of these growths, and starve them out. The immediate effects of this treatment were invariably satisfactory. Life was lengthened out and made bearable; in one instance, as I believe, saved for good. The hemorrhages were stayed, the putrid discharges checked, and the cruel pains allayed. The appetite was restored, and bedridden patients were once more put on their feet. Even when the womb was firmly fixed, from extension of the disease to points beyond operative reach, much was gained by the removal of all the cancer possible, and in one case, by a second removal of fresh growths. Another point noticed was the invariable clearing up of the complexion after the operation. This fact leads me to think that the so-called cancerous cachexia is owing, not to a cancerous diathesis, but to absorption from a local cancerous lodgment. The cause is evidently topical, and not general.

In view of this favorable record, I cannot but think that absolute cures would result far more frequently were the cases brought to the notice of the physician at an earlier stage, when, for instance, the womb is still movable, and the cervix superficially attacked. The beginning of this cruel disease is not usually attended with any pelvic pains and aches greater than those belonging to ordinary uterine troubles, and they are, therefore, disregarded. Again, the woman is often fat and hearty, with perhaps a good color, and these tokens of health deceive her and her friends. When, finally, she seeks advice, it is for some exacting symptom of an advanced stage, such as a hemorrhage after coition, or putrid discharges. The womb will probably by this time be fixed immovably by cancerous infiltration in the connective tissue of the vaginal roof. Or the cancer may have eaten its way laterally to the peritoneum, or upward beyond the internal os uteri, and the parts are now too extensively diseased to be wholly removed. It must, however, be borne in mind that the immobility of the womb does not always imply an extension of the disease beyond its walls. The parts sometimes become matted together, from peri-uterine fibrinous exudation, an inflammation being set up by the irritation of the cancer.

The radical plan of treatment is not wholly devoid of danger, but less so than might at first blush be supposed. During the operation, if scraping be needful, the hemorrhage is free, usually quite so, until healthy structures are reached. But it has always yielded in my

hands to an injection of one part of Monsel's solution to three of water, followed by a sponge tampon, lightly packed into the funnel-shaped pit. The vascularity of the parts is such that, unless the cervix be amputated very slowly, a secondary hemorrhage may take place. This accident I have seen happen after the use of the hot wire, but not after that of the écraseur.

Injury to the peritoneum constitutes another hazard in the removal of the cervix. This accident cannot always be avoided, but the risk to life is greatly overrated. Thus, in order that the hot wire may pass through perfectly healthy tissue, Karl Braun does not hesitate to include a portion of the peritoneum (*Philadelphia Medical Times*, February 20th, 1875, p. 325). He declares that he has in this manner repeatedly made an opening into the peritoneal cavity, yet with apparently no increase of risk to the patient's life. I have never ventured wittingly to invade this cavity, nor have I yet met with the mishap of including the peritoneum in the wire-loop. But, on one occasion, while scraping away a cancer of the cervix with the nails of two fingers, I suddenly found them in Douglas' pouch. I took good care not to use any vaginal injections, and no untoward symptoms arose. The patient, indeed, kept her bed for only a few days, and then felt well enough to take a long journey home by rail. The bladder has been wounded, but it should never be. The introduction of the little finger through the urethra into this viscus ought always to guard against this danger, as it did in Case 4. While to ensure still further its safety, the cervix should, as a rule, but not as an inflexible one, be noosed while the womb is *in situ*, and not dragged upon. It is well also, when the écraseur is used, to pass up its shaft in front of the cervix, where the insertion of the vagina is lowest, and then by it to push up the womb before tightening the wire. This precaution is unnecessary when the hot wire is used. Soon after the operation the body-heat mounts to a sharp curve-peak, and the pulse sympathizes. This febrile movement lasts for four and twenty hours or more, and then the temperature tends to fall. On the third or the fourth day the discharges sometimes become offensive, and continue so for several days. After the scraping process, the stench is invariably overpowering. This must be met by vaginal injections of a claret-and-water colored solution of the potassium permanganate, while the danger of blood-poisoning should be lessened by the administration of large doses of quinia.

THE TREATMENT OF ENLARGEMENT OF THE SPLEEN, BY INTRAVENOUS INJECTION.

BY JOHN B. C. GAZZO, M. D.,
Of La Fourche Parish, Louisiana.

Many medicines when injected hypodermically act energetically on the economy, and may be detected in the secretions, thus showing that they have been absorbed. Sulphate of quinine, when given internally in one grain doses, may easily be detected in the urine by means of the ordinary tests.

I remember, however, having made many experiments on thirty-five individuals affected with various maladies, relative to this medicine being absorbed when applied through the skin, and in no case have I succeeded in detecting the slightest traces of the quinia in the urine, whether it was employed by hypodermic injection, through the subcutaneous tissue of the skin, or to the cuticle, denuded by means of blisters, etc. The effect was null in all. That the sulphate of quinine, hypodermically injected, exerts a marked effect, which causes at times severe pain, and that its use by this mode is liable to be followed by the formation of abscess, is undoubted.

The condition of the spleen can be ascertained by means of the plessimeter and percussion, before treatment, and the results are, therefore, in my estimation, of the utmost certainty.

From the analysis of five hundred cases, I consider it certain that splenic fever occurs independently of malarial causes, and in many instances arises from other noxious impressions upon the constitution. Inflammation and enlargement of this organ is frequently seen in various fevers. Sulphate of quinine quickly dissipates a large majority of the cases of enlargement, and even in its healthy state its volume may be reduced by the introduction of quinine through the stomach or bowels.

I think that in certain malarial fevers, associated with fatal hemorrhage, the latter might be attributed to a too rapid diminution of the spleen, under the influence of the sulphate of quinine; hence the dose of this valuable medicine should be proportioned to the enlargement.

The quinine, I believe, is absorbed by the

veins, and increases fever by its direct action on the spleen. I have noticed the following symptoms as indicative of the disease: more or less emaciated limbs; abdomen tumid; complexion leucophlegmatic, and finally, that of cachexia; congestive tumefaction, and transient pain in the left shoulder; and dragging of the splenic plexus.

The morbid differences in the size of the spleen suggest important consideration in patients suffering with intermittent fevers, when this organ is already enlarged from previous attacks. It is manifestly swollen during each access. The consistence of the spleen also varies much in different individuals, and in various diseases.

In softening, in its highest degree, it is converted into an inorganic pulp, exactly resembling a healthy spleen broken down by the fingers, and containing a greater quantity of fluid than natural. This state is often observed after malignant fevers, such as typhus and yellow fevers. When the membranes are torn, the substance of the spleen escapes spontaneously.

I was consulted by Mr. O. Babin, on the 24th of May, 1855, on account of palpitation and pain in the region of the heart, which had existed two years. It had been preceded by yellow fever some five or six months before. This affection was owing to a hypertrophy of the spleen, which had simulated a disease of the heart. (Communicated to the Boston *Medical Journal*, October 11th, 1855). Fever is always accompanied by derangement of the spleen, and repeated and protracted attacks produce enlargement of that organ; no preparation that does not comprehend the properties of a stimulant and depurant, acting chiefly on the muscular system of the spleen, can obliterate the malady.

After giving up all attempts at reducing the engorgement of the spleen by causing its obliteration with remedies by the mouth, I have adopted a mode to treat it by a simple procedure, to wit, subcutaneous injection. A solution of various substances, as ergot, oleum tiglii, crotonii, creasotum, glycerine, etc., may be used, as circumstances require. The spleen is punctured by means of a small exploring trocar, or the tube of a strong hypodermic syringe, and fifteen drops, or one drachm, of the solution is injected. The injection is at first repeated twice daily, and afterward at the intervals of one or two days. Although not essential, it is better for the patient to keep in bed. The advantages of the method are—the pain in the spleen almost immediately ceases, and the other inflammatory and congestive symptoms steadily diminish; the thickened fluid is gradually transformed into a thinner one, and by exudation gradually decreases in quantity, so that in three or four weeks it disappears entirely, and no tumefaction remains. The secretion is confined to the centre, and the surrounding induration gradually diminishes. Believing that in hypertrophy of the spleen the essential thing is to subdue its bulk, I have been long in the habit of employing ergot as well as croton oil and creasote, with great success. I either employ the fluidum extractum ergotæ, U. S. P., or Squibb's or Warner's fluid extract of ergot, from fifteen drops to one drachm. When I desire to produce more energetic subcutaneous action, I add one drop of croton oil, and, in very serious cases, one drop of creasote as well.

In July, of this year, 1876, I was requested to see Mr. O. Hebert, who, about three months previous to my visit, had been laboring under repeated attacks of intermittent fever; he had a peculiar sallow and unhealthy aspect, anæmic appearance of gums and buccal mucous membrane; tendency to hemorrhage, debility and loss of flesh. I found Mr. O. H. to be a gentleman aged about forty-five years, of a nervo-sanguineous temperament, with excessive irritation of the stomach, accompanied with the following symptoms: skin cool and clammy, pulse feeble and frequent, tongue saburral, features somewhat contracted, abdominal muscles contracted, severe acute pains in the left hypochondrium. These symptoms were soon relieved by proper treatment, and he was led to communicate the existence of a large spleen, "ague cake," as he termed it. I found it occupying the anterior region of the left hypochondrium, on a level with it, fixed in position, large as the head of an adult, at that time perfectly hard, and some days changeable in its position.

He, however, at the time, stated that when he was free from pain the tumor caused him no inconvenience; that the hypertrophy of the spleen would become soft at a certain period. This had continued fifteen years. The organ projected across the abdomen to the right iliac region. On percussion over the false ribs of the

left side, the respiratory murmur of that region proved to be altered. I found, from the ninth and eleventh ribs of this side, a manifest dullness over the left hypochondriac region, but the respiratory murmur was entirely normal. I commenced locally the employment of the subcutaneous injection into the integuments of the spleen; I used a solution of two parts of the fluid ergot, ethereal, and one part of glycerine. This solution was injected into the spleen, two syringefuls at once, and I repeated the operation after twenty-four hours. The more deeply the needle is driven, the less is the sensibility, and there was no essential impediment to the injection of the ethereal ergot into the parenchyma of the spleen; the result was the abatement of the oppression of breathing, while the spleen had become reduced in bulk. I was obliged to repeat the injection several weeks before a satisfactory change was made in some of the principal symptoms of the disease. A flannel roller was likewise applied to the abdomen, and he was recommended to use the following compound:—

℞. Quiniæ sulph., ʒiij
Fl. ext. cinchonæ, ʒvj
Fl. ext. rhei., ʒj
Hydrochloratis ammoniæ, ʒiij
Syrupi glycyrrhizæ, ʒxvj. M.
Sig.—Half a teaspoonful every three hours.

He was placed upon the use of a diet light and easy of digestion, but nourishing; exercise recommended, and as he was peculiarly melancholic, good company was advised. Three weeks after I changed the injections and adopted the following formula:—

℞. Fl. ext. ergotæ, ʒj
Olei crotoni. tiglii, gtt j.
Creasoti, ♏j. M.

Employed twice a day for two weeks, and ordered him to take one pill, every three hours during the day, of the following prescription:—

℞. Tannatis quiniæ, ʒij
Cinchonidiæ sulphatis, ʒiij
Ext. jalapæ (Squibb's offic.), ʒij
Ext. dulcamaræ,
Extract. senegæ,
Olei piperi nigri, ää ♏x. M.
Ft. massa. div. in pil. cxx.

Under this treatment he entirely recovered in about six weeks.

—There were thirteen bodies of children in Tamaqua on the 17th, awaiting burial, death having occurred from whooping cough and scarlet fever.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Reported for the Medical and Surgical Reporter.

Stated Meeting January 24th, 1877. Dr. E. G. Janeway, President, in the chair.

Fibroid Phthisis.

Dr. Finwell presented the right lung of a fireman, aged thirty-seven, who had died of pulmonary hemorrhage. The patient had been under Dr. P. Clark's treatment. Within a few years past he had suffered from slight pain in the chest, and occasional attacks of hæmoptysis. He was a robust man, and attended to his duties as fireman up to the 21st of this month, when he was seized in the morning with a violent attack of pulmonary hemorrhage, and died after spitting up one quart of blood.

At the autopsy the right lung was adherent everywhere. No tubercles were found. There was frothy mucus, but no blood in the bronchi. The other organs were normal. Dr. Briddon remarked that he had been called in to see the case in consultation. He had found moderate dullness on percussion, a superficial grating sound, and mucous rales, on auscultation over the right lung. The respiration was between 30 and 40, and the pulse 120. The patient had then stated that he had not been feeling well for two or three days previously.

Stricture of Rectum.

Dr. Bridge presented a specimen of chancroidal stricture of the rectum, taken from the body of a young woman who had died two weeks before, in Dr. Stephen Smith's ward, in Bellevue Hospital. The case was interesting, as it showed the advantageous results which accrue from the operation of lumbar colotomy, when performed for the relief of stricture of the rectum. The patient was thirty-eight years old. During 1874 she contracted venereal disease, and entered the House of Mercy. Two weeks later the vaginal sores had healed, and six weeks afterward she gave the usual symptoms of ulcers of the rectum; there were also fissures about the anus. The patient suffered from alternating attacks of constipation and diarrhœa. She gave no syphilitic history, though mercury and iodide of potassium had relieved an attack of iritis from which she was suffering. The employment of astringents in the treatment of the rectal ulcers gave no results, and the cautery was somewhat unsatisfactory. The operation of lumbar colotomy was performed in presence of Drs. Bumstead, Mason, and others. The bowel having been injected with air, the operation was proceeded with in the usual manner. The wound healed by first intention, and there were no signs of peritonitis present at any time after the operation. An abscess, however, formed near one of the

sutures, but soon subsided, and healed by second intention. The patient was entirely relieved, passing the fæces through the wound, her general health meanwhile improving. The fissures near the anus entirely healed. Rectal bougies were used twice a week after the operation. The specimen showed the calibre of the stricture to have very much increased, and some of the ulcerations had healed.

The President remarked that he had noticed, in several post-mortem examinations he had made, that the calibre of the stricture was greater than it had been during life. He was of the opinion that the rigidity and small calibre of the stricture was dependent upon contraction of the muscular fibres of the rectum.

Empyema.

The President presented a specimen, with a history as follows:—The patient had entered Bellevue Hospital on December 22d, 1876, suffering from a scalp-wound which he had sustained during an epileptic convulsion. The temperature rose, and during his illness it ranged between 100° and 104° Fahr. Later, fluid was aspirated from his chest. At the angle of the scapula, on the right side, there was redness of the surface of the skin, with crepitation and dullness. The percussion was vesiculo-tympanitic to the apex on the right side. On shaking the patient, succussion was detected, but there were no evidences of amphoric voice or respiration. The tongue was dry, and toward the last the patient sank into a typhoid condition and died from exhaustion.

Autopsy.—The upper lobe of the right lung was adherent to the chest wall. There was some gas in the pleura and fetid pus. The pleura was thickened, and numerous small points, which were the seat of sloughs, were seen in its substance. There was slight necrosis near the articulation of the eighth rib. Pus was also found beneath the latissimus dorsi. The cellulitis of the chest wall was of a low grade. The presence of gas in the cellular tissue was undoubtedly due to the decomposition of pus, as no perforation of lung tissue existed. The liver was granular and cirrhotic.

Editorial Department.

Periscope.

Poisoning from Green Paint.

Dr. J. Farrar gives the following instructive case in the *British Medical Journal*:—

A young man, aged 22, was taken very ill on the night of December 13th, 1876, with vomiting and purging, accompanied with pain in the abdomen of a colicky character, and so severe as to be best expressed by the word excruciating. Along with these conditions were great weakness and quickness of pulse (120), faintness, paleness of the face, pinched features, but with the eyelids somewhat red and puffy, and cold, clammy perspirations of an intermittent nature. The tongue was raw-looking, with portions of its upper surface denuded of epithelium, sore to the touch, and somewhat enlarged in size. There was no lead-line along the gums.

For a few weeks previously he had been ailing, from an attack of enteric fever, attended toward its termination with congestion of the lungs, and he was now, during convalescence, amusing himself by making large Christmas cards, etc., which he painted with colors, chiefly of a bright green; and not being aware of the subtle nature of the paints, and not being much accustomed to their use, he exercised none of the usual precautions adopted by the artisans of the trade to prevent the entrance of the materials into the system. On the contrary, his habits were such as to present the most favorable conditions for these poisonous substances to find their way into the economy; he neglected to wash his hands before meals. Beneath his finger-nails had accumulated large quantities of material, and he was in the habit of holding the brushes between his teeth; besides which, he worked long and energetically, without much intermission, in a room small and heated, which would be greatly improved if it could be ventilated. The green paint shown me was marked, "Poison, *Scheele's Green.*"

By way of treatment, the patient had a sinapism applied to the seat of pain, followed by linseed poultices as hot as could be borne. Internally, an astringent, containing tincture of opium, was given every hour so long as the diarrhœa and pain lasted, with half an ounce of brandy; the latter to be given more frequently if the faintness continued. His food was now to be chiefly milk, ground rice, beef tea, with bread crumbs, etc., administered in small quantities, frequently repeated.

The Treatment of Suppurative Affections of the Cornea.

The following principles are laid down by Mr. V. Solomon, in a recent volume of the London Ophthalmic Hospital Reports, and have received the endorsement of eminent surgeons:—

(*a*) That suppurative affections of the cornea and iris which do not rapidly yield to atropine and opiates ought to be dealt with by direct incision, through the median part of the cornea,

into the anterior chamber, just as much as a matter of course, as one would incise a whitlow or a thecal abscess.

(*b*) That such an incision may be made crucial or T-shaped, if it be thought desirable that the wound should not heal up rapidly.

(*c*) That an incision near the centre of the cornea, in length about one-third of its diameter, vertically through the lamellæ, into the anterior chamber, does not, as a rule, produce any serious damage to the cornea by way of opacity, nor to the iris by way of prolapse or synechia anterior.

(*d*) That in hypopyon a median incision of the cornea gives exit to pus and purulent lymph lodged in the anterior chambers more readily, certainly and completely, than a marginal incision.

(*e*) That an incision into the anterior chamber, through suppurating cornea, can arrest destructive suppuration and sloughing where iridectomy has been already employed unsuccessfully.

(*f*) That on incising, in its early stage, a circumscribed abscess in the layers of the cornea, a small white body sometimes escapes from the opaque spot, which, when placed under the microscope, proves to be broken-down corneal fibre, infiltrated with pus-corpuscles. Bader (p. 169) has observed that the opaque material forming hypopyon often contains débris of corneal tissue, but I am not aware that the corneal slough escaping from the incised spot, like the core out of a boil, has been identified.

Antiperiodics in Neuralgia.

In the London *Medical Times and Gazette*, February 3, 1877, Dr. C. R. Francis, Surgeon General H. M. I. A., commends large doses of quinine and arsenic in neuralgia. He goes on to say:—Quinine and arsenic are, of course, remedies to be used with caution; and the physician, before prescribing either in the full doses here advocated, will satisfy himself that his patient can tolerate them. The physiological action of arsenic is well known; and when the symptoms caused by it become distressing (although they may be controlled by a few drops of laudanum), the remedy should either be suspended or altogether left off. The effects of quinine are not uniform. Singing in the ears, with deafness and headache, are the most common, even after moderate doses, attended with, occasionally (after those that are larger), confusion of intellect, dimness and obliquity of vision, and sometimes a tendency to a (temporary) want of co-ordinating power in the extremities. Vomiting is now and then a distressing symptom. In large doses, quinine in some persons causes great and even dangerous prostration. As a rule, these effects, all of which I have seen, pass off after a time. A certain amount of tinnitus, with deafness (and even slight headache), need cause no apprehension. Where quinine agrees with a patient, very large doses may be tolerated. I have given eighty grains in the course of twelve hours with the happiest result.

With regard to the mode of exhibiting antiperiodics, I would observe that a preliminary evacuation of the bowels is essential, especially where quinine is used. Constipation will, in all probability, prevent success; and the disappointed practitioner may be disposed to condemn the remedy, whereas, in truth, he has not used it *secundum artem*. I have always given the antiperiodic from half an hour to an hour (so as to secure its full operation in the system) before the expected attack; and in very obstinate cases a smaller dose after it, followed by still smaller doses during the interval between the paroxysms. Generally, however, the one prior dose has been sufficient, supplemented by subsequent small doses extending over a few days, to fortify the constitution. Arsenic should not be taken on an empty stomach. Where this organ is irritable, the antiperiodic, in similar doses, may be introduced with equal benefit by the rectum; but a more elegant mode is by hypodermic injection. This plan is more economical, too; five grains of quinine thus introduced corresponds to twenty grains by the mouth. For hypodermic injections the neutral sulphate, which dissolves readily in water (one grain to twelve minims), without the addition of any acid, should be employed; otherwise, if acid be present, troublesome boils may follow the puncture. Where large doses of quinine are swallowed, pills or confection are the best form; but if this be objected to, suspending the dose in water, or mixing it with a glass of sherry, is a convenient and agreeable mode of administration. When dissolved in acid the natural bitterness of the drug becomes intensified.

Apex Murmurs in the Lungs.

At a branch meeting of the British Medical Association, lately, Dr. Frederick Taylor read a paper on the diagnostic value of apex murmurs. Dr. Taylor commenced his paper by referring to the great differences which existed, in cases of cardiac disease, between the murmurs, which varied in pitch, loudness, duration, rhythm, conductibility in different directions, and kind of combination. He then enumerated the various kinds of murmurs audible at the apex of the heart, specifying—1. The ordinary systolic blowing murmur, audible behind; 2. A short localized murmur, inaudible behind; 3. Presystolic; 4. Pure diastolic; 5. A combination of presystolic and systolic; 6. A combination of systolic and true diastolic; 7. A combination of systolic reduplicated second sound and diastolic murmur, following on the second element of the second sound. In thirty-five cases the first murmur was observed thirteen times; the second, seven; the third, four; and the other four much less frequently. The author then went on to treat of the significance of the localized systolic murmur in relation to mitral regurgitation. From a consideration of the

manner in which murmurs were generated, it was clear that other sources of sound than mitral regurgitation might cause the above murmur, and regurgitation could only be fairly inferred when the murmur was audible behind. Clinically, the murmur was associated with acute endocarditis, chorea, Bright's disease, and with ordinary cardiac disease in early or advanced stages. Of such cardiac cases, many presented a narrowed condition of the mitral orifice; and, while it was not proved that in such cases regurgitation did not take place, an examination of necropsies showed an important difference between results in different cases; while both kinds of murmur were observed in cases where the orifice was more or less narrowed, only one (the systolic audible behind) was present when the orifice was decidedly widened. Dr. Taylor next discussed the nature of the reduplicated second sound, which had been ascribed to want of synchronous action of the two sides of the heart, and also to intermittence of the auricular contraction. He attached considerable importance to it as a sign of mitral contraction. The occurrence of pure diastolic apex murmurs was then referred to; and finally attention was called to the last murmur (No. 7), which he had come to look upon as almost as certainly diagnostic of mitral constriction as the presystolic. In this, the first sound is covered or almost immediately followed by a short whiffing murmur; next to this is heard a distinct second sound; and, after a very short interval, there begins quite sharply and independently a blowing murmur of varying length, sometimes occupying the whole, sometimes only a portion of the remaining period of the heart's revolution; sometimes, therefore, terminating before, sometimes running up to, the first sound of the next beat. The murmur is distinctly localized, and mostly, in other parts of the præcordia, one can hear a reduplicated second sound. In at least three cases, he had known this combination alternate with a presystolic, the patients suffering the usual symptoms of mitral contraction. In conclusion, the following murmurs seemed to him suggestive of mitral narrowing, placed in order of trustworthiness; presystolic, the compound murmur just mentioned, diastolic, simple systolic, and double second sound.

On Animal Vaccination.

The Doctor, in its issue of February 1st, speaks editorially as follows:—

Animal vaccination, as prescribed at Brussels, in the *Institut Vaccinal de l'Etat*, gives excellent results, and is free from all objection. In a country where the law compels all parents who have assumed the great responsibility of rearing a child to have that child vaccinated, it is a duty to employ, if possible, a vaccine supply absolutely *sans peur et sans réproche*.

The practice of animal vaccination, as carried on at Brussels by inoculation of young calves, gives instantly a perfect guarantee to the public against the possible spread of such a terrible pest as syphilis by vaccination, and it moreover gives the power to the State to supply as much vaccine matter as it pleases without fearing lest the stock should run dry. In the epidemic of 1870-71 the vaccinal *Institut de l'Etat*, at Brussels, furnished about 500 vaccinations daily; and it could, of course, have furnished 10,000 had they been desired, since the number of points of vaccine obtainable is only limited by the number of calves inoculated daily.

The practice of human vaccination seems to be nearly falling into decay in Belgium, in favor of animal vaccination, for, even in 1873, of 1000 practitioners in that country practicing vaccination, nearly 800 sent for supplies of animal vaccine to the State department, and Dr. Warlomont reports that the *points* sent out by him in that year succeeded in 96 per cent. of vaccinations, and in upward of 60 per cent. of the revaccinations. He also tells us that of 10,000 children vaccinated by animal vaccine, and passing through the epidemic of 1870–71, not one was attacked by small-pox, which holds also true, he adds, for the far greater number of patients revaccinated by its means. These facts have been fully set forth by competent observers.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. John V. Shoemaker sends us a copy of his appropriate Valedictory Address to the Class on Diseases of the Skin, at the Philadelphia School of Anatomy and Surgery, Jan. 12, 1877.

——In a neat pamphlet of twelve pages, Dr. LeRoy McLean, of West Troy, New York, reports two cases of œsophagotomy, and adds a table of twenty-three authentic instances of the operation; of these, four died, nineteen recovered.

——"The Index," is the name of a new monthly journal, published by William Erving, 37 Park Row, New York. It gives a classified list of the periodical literature of the United States and Great Britain, and contents of the transactions of learned societies. Medicine, surgery, and obstetrics are well represented. The idea is a good one, and should be supported.

——The admirable historical essay on "The Medical Men of the Revolution," by Dr. Toner, to which we referred some months since, has

been highly spoken of on all sides. It is one of the most valuable contributions to the historical literature of medicine in America which we could name. The Committee of Publication have left a few copies on sale at the office of this journal. Price, mailed, $1.

——A printed broadside, 36x26 inches, has been devised by Mr. L. A. Sayre, exhibiting "The Drugs of the United States Pharmacopœia Arranged According to Classes." It has three columns, each subdivided again into three. Of the latter, the first gives the natural order; the second, the officinal name, and the third, the part or form of the plant used in medicine. The display is very well chosen, and the scheme excellently adapted to the use of pharmaceutical and medical students. Price, per copy, 50 cents. It may be ordered through the office of this journal.

——A similar scheme is presented in a "Chart of Materia Medica," arranged by Dr. John V. Shoemaker. It presents the substance, reagent, and result, or color; the physiological test; and a list of preparations, with name and constituents.

——An able study of Poisonous Mushrooms, by Dr. Isaac Ott, has been sent us. His experiments confirm those of Schiff and others, that atropine is a complete antidote to muscarine.

——Dr. B. B. Browne, of Baltimore, in a reprint from the *American Journal of Obstetrics*, describes the relation of fibroid tumors of the uterus to eclampsia.

BOOK NOTICES.

The Medical Register and Directory of the United States, Systematically Arranged by States. By Samuel W. Butler, M. D. Second edition, revised and corrected. Published by D. G. Brinton, 115 South Seventh Street, Philadelphia. One volume, 8vo, 1877. Price, cloth, $5.50, leather, $6.50.

After several delays the second edition of this work is now laid before the profession. These delays arose from the continued reception of corrections and additions to the list, and the desire on the part of the editors to present it in as perfect a form as possible. Although, from the very nature of the undertaking, the presence of a certain number of errors is unavoidable, it is believed that the Directory is now as complete and as accurate as it is possible to make one in the present state of the profession in this country. Some of the States have been entirely re-written; in others, the plates have been corrected, and supplements added. Probably, in all, more than ten thousand alterations and additions have thus been made.

Many of these have been obtained through the efficient aid of prominent medical gentlemen in the several States, secretaries of medical societies, etc., and have, therefore, the best of authority for their accuracy.

The numerous local medical directories which have been published in this country, and the annual editions of a national medical directory in almost every civilized country in Europe, sufficiently prove the great value which such a compilation has for the public as well as the profession. Not only is it needed by all classes of business enterprises which are connected with medical, sanitary, and surgical supplies, but it is indispensable to unite the profession into a general organization. We should look, therefore, on a widespread interest in works of this kind as a very sure sign of an enlightened professional sentiment—as an opposition to the spirit of monopoly and secrecy which is so general and so discreditable in mere business competition.

In the manufacture of the work care has been exercised to present a clear white paper, well printed, and a binding of strong cloth or leather. The price at which the book is offered is certainly very low for a large octavo, of nearly nine hundred pages, double columned. Only a general patronage can justify such moderation, and as the book certainly merits it, we trust it will receive it.

Transactions of the Tenth Annual Session of the Medical Society of Virginia, October, 1876. Richmond, 1877.

The contents of this volume embrace an address by the President, Dr. F. D. Cunningham, chiefly upon the Organization of Professional Bodies; an annual address by Dr. G. McDonald, upon "The Doctor;" reports on the recent advances in the various sciences relating to medicine; Remarks on Aspiration, by Dr. W. D. Hooper; Biographical Sketches, and the Proceedings.

The Reports are characterized by marked thoroughness, extensive collation of authorities, and careful presentation.

THE

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A WEEKLY JOURNAL,

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THE EPIDEMICS OF THE WINTER.

With the first of this year a weekly publication began in Berlin, under the supervision of the Imperial Health Office, with the aim of bringing to the knowledge of students of sanitary science all matters of general interest in that branch. It is entitled *Veröffentlichungen des Kaiserlich Deutschen Gesundheitsamtes.* Each number has a diagram representing the weather for the week in eight of the principal cities of Germany, and contains the weekly mortality rates of all German cities of 15,000 inhabitants and over, and also of a number of the leading cities of the world. Notes on epidemics and prevailing diseases are added.

From the first three or four numbers of this useful periodical, we find that at the close of 1876 the plague continued at that date to ravage some of the portions of Mesopotamia, especially near Hillah (the site of ancient Babylon), and along the Mohawil canal.

The cholera, which during last summer and fall had been steadily moving west from the Punjaub, through Afghanistan, had reached the Persian boundary, where, temporarily, it had halted. In December it was prevailing with severity in Eastern Khorassan, and in the vicinity of Duschack.

The epidemic of typhoid which for months had prevailed in Paris was rapidly declining. In the middle of November it reached its maximum, giving a weekly return of 150 deaths, to a population of 1,851,800 persons. The observations of the Parisian physicians have discovered some curious phases in this epidemic. Thus, not only were the cases of the disease unusually numerous, but the mortality was unusually large, the deaths being 35 per cent.—an enormous fatality.

Again, it was observed that the less the moisture of the atmosphere, the higher was the fatality—a testimony to Pettenkofer's favorite *Grundwasser* theory.

In October, which was a rainy month, the cases, though numerous, were not nearly so fatal. Hemorrhages were frequent, and the typhoid spots on the skin were prominent features, occasionally extending over much of the body, and simulating spotted typhus. As for treatment, in the face of the frightful mortality, not much need be said of it. At the Société Médicale des Hopitaux, the opinion seemed unanimous that the cold water method gave the best results. But when we learn that the average deaths in typhoid fever in the Paris hospitals is 25 per cent., we do not much care to imitate whatever treatment they commend.

Small-pox, in London and Liverpool, was quite rife in December; the cases in the London Hospital being in number, 586, 696, 737 and 823 for the four weeks of that month. During the year the deaths from that disease in London were in all 735, of whom 219 had been vaccinated, 325 not vaccinated, and the remainder unknown. This illustrates forcibly the necessity of revaccination and more efficient virus.

In Germany scarlet fever and diphtheria were the prevailing fatal diseases, and demanded the sacrifice of many lives, especially the latter. Relapsing fever and typhus were also common in some of the thickly populated manufacturing centres, where overcrowding, filth and insufficient food combined to depress vitality and encourage the disregard of the laws of health.

Notes and Comments.

Notes on the Chemistry of the Urine.

Reaction for Uric Acid:—Magnier de la Source substitutes bromine water for nitric acid in the known mur. ex. yd. reaction for uric acid. The sediment containing uric acid is treated with a single drop of bromine water (of such a strength that 100 cc. of water contains five to six drops of bromine). Upon evaporation on the water bath, a brick-red residue is left, which turns blue by the addition of a drop of potassium hydrate solution, or gives the well-known purple when ammonia is added. By this means the merest trace of uric acid can be discovered.

E. Fleischel modifies Brücke's modification of G. Melius' test for biliary coloring matter, by substituting a concentrated solution of sodium nitrate for the nitric acid, asserting that the color is retained a much longer time.

O. Rosenbach tests urine for biliary coloring matter, by first filtering the icteric urine through filter paper, which is thus colored from a yellow to brown color, and then obtaining the color reaction by touching the paper with a drop of nitric acid.

According to Von Mering, and Musculus, the greater part of chloral taken internally forms a product in the organism, and appears in the urine as urochloralic acid C_7, H_{12}, Cl_2, D_6. [O=16.]

E. Kütz has confirmed the statement of Strauss, that inosite may be found in the urine of healthy persons passing an extra amount of urine. It is not, however, constant in the urine of patients having diabetes insipidus.

Schmiedeberg and Meissner have shown that hyposulphurous acid is quite constantly present in the urine of cats, and frequently in that of dogs. And now A. Strümpel has found it in the urine of a typhus fever patient.

Von Mering examined the urine of a case of acute phosphorus poisoning; 1200 cc. of urine were collected in twenty-four hours of the third and fourth day after the administration of the poison, and contained 20.5 grammes of urea and 1.34 grammes of uric acid. It was free from sarko-lactic acid, peptones, leucin and tyrosin. During the whole examination—until the death of the patient—the urine was free from sugar, although the patient had taken two hundred grammes of cane sugar. The urine exhibited the bile pigment test in a very slight degree. An alcoholic extract of the liver yielded no sugar. In another case of phosphorus poisoning the urea contained sarko-lactic acid, but little urea.

Mimetic Nervous Disease.

A striking example of this class of maladies was reported to the Société de Biologie, at Paris, on November 22, 1876, by Dr. Magnan. At a girl's school near Paris, numbering one hundred and fifteen scholars, a girl, ten years old, was attacked with convulsions in one forearm on July 15, 1876. These convulsions gradually extended, in the next few months, to all the extremities, and were followed by strong tonic contractions of the muscles, but the child ultimately recovered. Up to November 19, *nineteen* other girls, of different ages, became subject to exactly similar attacks. They all finally recovered, and the average duration of the disease was shorter than in the original case.

The Dispersion of Ephelides.

These unsightly spots cause great annoyance, especially to the gentler sex. The well-known dermatologist of Paris, Professor Hardy, in a late issue of the *Progres Médical*, remarks that the pigment which constitutes these disappears under the influence of a slight inflammation of the skin, and in order to produce this, he recommends the following lotion: Corrosive sublimate half a part, alcohol sufficient to dissolve this, distilled water 125 parts, sulphate of zinc and acetate of lead, of each two parts. This lotion may be used of this strength, or diluted with water, according to the effect it produces. Generally after its employment a slight desquamation is observed, with a more or less complete disappearance of the ephelides. Prof. Hardy also treats them by local douches of sulphurous waters, such as those of Bareges

and Bagneres-de-Luchon. Alkaline lotions and douches of borate or subcarbonate of soda may also be employed. Frequently, however, the cure is but apparent, the spots reappearing with great tenacity when the local remedies are no longer applied.

The Anæsthetic Effects of Cold Water.

Several writers have claimed to have witnessed remarkable anæsthetic effects from hypodermic injections of pure cold water. Among these, the inventor of the aspirator, Dr. Dieulafoy, has, for several years past, been in the habit, in acute articular rheumatism, of injecting some ten drops of cold water around different parts of the affected joint, as a means of relieving the pain. The results are most remarkable. The pains abate, and the patient is enabled to move the joint; and in some cases the rheumatism is even cured by this simple means. The same means may be employed also in muscular rheumatism, ischias, etc. A repetition of these experiments does not always bring the same satisfactory results.

Syphilitic Enlargement of the Spleen.

Dr. Barlow, of London, England, at a recent session of the Pathological Society, brought forward a living specimen, illustrating enlargement of the spleen in congenital syphilis. A female infant of four months, with severe symptoms of congenital syphilis, presented considerable enlargement of the spleen. Dr. Gee had been the first to draw close attention to this condition; he had said that the spleen was enlarged in about half the cases of congenital syphilis, and much enlarged in about one-fourth; that the liver and lymphatics were sometimes also involved; that cases of great enlargement were generally fatal; and that splenic enlargement persisted in the survivors after the cachexia had disappeared, as a monument of its amount. In the present example the symptoms of syphilis were in abeyance while the spleen remained large. Dr. Barlow could not venture to say what the nature of the change was. In three cases examined there was firm enlargement and thickening of the capsule, without either amyloid disease or gummata. One might compare the condition with that of the spleen in typhoid fever; but in that disease the enlargement was soft and evanescent.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

By an Invalid Physician.

LETTER IX—TO CALIFORNIA, VIA THE ISTHMUS.

As the ocean route to California is one largely patronized by invalids, a description of its more salient features will not be amiss in this series of letters. I left New York, December 30th, in the "Acapulco," one of the steamers of the Pacific Mail S. S. Co. The fare to San Francisco was $130 currency. The invalid should, by all means, have a stateroom on the upper deck, and be careful to see that his ticket calls for corresponding accommodation on the steamer he takes the other side of the isthmus. After the latitude of upper Florida is reached, lower staterooms become uncomfortably, and even unbearably, hot. The steamers of this company carry competent medical officers, and a full supply of drugs. The stateroom accommodations are good, the food is fair, but the main saloon is nothing but a passage way between the staterooms, making, therefore, but poor provision for bad weather. A few delicacies carried along, in the shape of champagne (that on board is bad), Albert biscuit, and grapes, will not come amiss. The boats on the other side the isthmus are poorly provided with ice. For that which you use, you pay ten cents per pound. The supply generally fails before San Francisco is reached. One can telegraph, on arrival at Aspinwall, across the isthmus to Panama, to have a supply sent for personal use aboard the steamer. The chief steward, for a consideration, will take care of it. The advantage of the Panama route is, that New York can be left at any time in the winter without the fear of a snow blockade, which so often impedes overland travel.

When the "Acapulco" left New York a cold wave was advancing from the West. The thermometer was below the freezing point, and the streets were ice-clad and snow-bound. Within two days, after passing through a violent gale, our thermometer was within the sixties. The fourth day out everybody was on deck, and the sixth day we were all suffering from the *languor tropicus*, *i. e.*, too much roast beef and hot sun, and too little exercise. A vegetable diet, lime juice, claret and ice, or brandy and iced water, with a light cathartic, soon does away with this malady.

The steamers of this line used to call at St. Thomas; this has now been abandoned, and the route is by Watling's Island (land first seen by Columbus), Bird's Rock Island and Light, Crooked Island, and through Crooked Passage, Castle and Fortune Islands, Eastern end of Cuba, Island of Navassa, and then straight for Aspinwall (Cöla). The run is made on time, saving of fuel aimed at, and takes eight days.

It could easily be made in six. We reached Aspinwall about midnight, Sunday, January 7th, although at noon we were only one hundred miles from it. Appended is a meteorological table of the trip. Although the temperatures marked do not seem high, the heat the last three days was very oppressive, on account of the great moisture. It seemed at times like breathing steam, particularly after the cold, crisp air we had so lately inhaled. Some invalids on board became very weak. On account of the general relaxation of the pulmonary mucous membrane, generated by such an atmosphere, hemorrhages, sometimes fatal, occur. Excessive exercise, such as lifting, packing trunks, etc., should then be particularly avoided by the invalid.

NEW YORK TO ASPINWALL.

1876	Lat.	Long.	Ther. Air.	Ther. Water.	Bar	Weather.	Dis mls
Dec 31	38° 48′	73° 22′	34°	40°	30.20	N.W. wind clear	243
1877 Jan 1	32° 52′	73° 25′	58°	68°	30.00	Variable, wind & r'n	232
2	30° 28′	73° 15′	60°	68°	29.55	V'l'nt gale S E to N W	150
3	26° 25′	73° 37′	68°	70°	30.30	lt., f'r w'd clear	245
4	22° 25′	74° 23′	73°	77°	30.27	N. E. trade clear	245
5	18° 23′	75° 01′	80°	80°	30.15	" "	258
6	14° 38′	77° 02′	82°	81°	29.98	" "	256
7	10° 49′	79° 10′	82°	82°	30.00	Calm and cloudy	262

The temperatures of air and water here given are the averages of three daily observations. When the temperature of surface water approaches that of the surrounding air, the difference of temperature between day and night is materially lessened.

Aspinwall is a dirty, uninteresting, pestilential town. Here the cars are taken for Panama, forty-seven miles distant. The railway is in bad condition, and four hours are consumed in making the trip. One does not wonder at the fearful mortality attendant upon building this short line of rail, when he looks at the stagnant pools on either side of it, and feels beating upon his head the fierce rays of a tropical sun.

The vegetation is luxuriously rank, and at places beautiful. Interior Brazil would hardly show more profuse and varied growth than is witnessed here and there along this road. The inhabitants wear scarcely any clothing, little children running naked, and live in open huts with thatched roofs. At one station along the road, called Matachin, the traveler makes acquaintance with a banana that for flavor excels any variety of that fruit. It is thin-skinned and small, and will not bear transportation. A bunch of these hung in the stateroom prove agreeable companions after the steamer leaves Panama.

At the latter city, one finds the large, white pine apple from Guayaquil, so mellow and luscious that it almost melts in the mouth. This fruit is not sliced, but after the rind is pared off, is punched from around the central stem with a fork. Eaten early in the morning, in a hot climate, they are the most cooling and appetizing fruit of which I have knowledge.

As our steamer did not finish taking on freight until next day, we remained in Panama all night. The hotel accommodations were good, appetites were sharpened for the fresh eggs and milk, by the sea-trip, and the city offers novelty to those who gaze on a Spanish American town for the first time. Tuesday, January 9th, we left the wharf on a tender for the steamer. At half-past two we were under way, and during the entire run to San Francisco, which we reached by noon, January 25th, we had very pleasant weather. The steamers that leave New York the last of the month make connection on the Pacific side with those which make the fewest stoppages. Steamers leaving New York the middle of the month connect with those stopping at all Central American and Mexican ports. This makes the voyage tedious, and as many of the ports are not healthy, adds to the risk of the invalid. Both the east and west coasts of Mexico and Central America belong to the *tierras calientes*, or hot regions. Further inland we come to the *tierras templadas*, which occupy the slope of the mountain chains, and have an elevation of from 2500 to 5000 feet. Here the mean temperature is from 68° to 70°F., and extremes of heat and cold are equally unknown. In Mexico the *tierras frias*, or cold regions, include the vast plateau, which is from 5000 feet upward above the sea The city of Mexico has an elevation of 7400 feet, but the thermometer there seldom falls below the freezing point. In the coldest season the temperature of the day varies from 55° to 70°, while in summer the thermometer seldom rises in the shade above 75°. The annual mean is 72°, about that of Rome. Prescott, in his "Conquest of Mexico," speaks glowingly of the climate in certain places, and I doubt not, if the country were ever tranquillized, and inter-communication and accommodation for travelers established, that many a consumptive would there be restored to health. But judging from a flying Mexican president, Yglesias, his cabinet, and horde of hangers-on, that we took on our steamer at Manzanilla, and brought to San Francisco, and from what I have seen of Mexico generally, that happy day is far distant. For Central America I have always had a melancholy interest, as on the soil of Nicaragua perished my elder brother. He was surgeon to General Walker's fillibuster expedition. Stephens in his glowing "Travels in Central America, Chiapas, and Yucatan," says, "The luxury of my rest in Guatemala still lingers in my recollections, and the morning air was the most pure and invigorating I ever breathed. Situated in the *tierras templadas*, or temperate regions, on a table land five thousand feet above the sea, the climate of Guatemala is that of perpetual spring, and the general aspect reminded me of the best Italian cities. The mere breath-

ing of the air is a luxury, and the evening is worthy of the day."

Imray, in his "West Coast of North America," says the plain on which Guatemala la Nueva stands is fifteen miles wide and eighteen miles long. The climate is mild and salubrious, the thermometer rarely rises above 70° and still more rarely descends below 64°." Speaking of the numerous table lands in Central America, the same author says, "they are all delightfully temperate and luxuriantly fertile. These regions especially seem to invite the residence of man and the culture of his hand. Probably no part of the earth presents a greater diversity of level on a surface of equal extent, and consequently no country possesses such a variety of climate, or offers such facility of adaptation to all kinds of productions and to all constitutions of men, from the sunburnt inhabitants of a tropical plain, to the hardy mountaineer inured to perpetual snows. Besides its staple productions of cotton, coffee, sugar, indigo, cochineal, and its various metals and minerals, the markets of the larger towns are supplied at once with the productions of torrid and temperate climes. At all seasons the green pea, the cauliflower and lettuce are sold along with the avocato—pear, sweet potato, olive, capsicum, banana, pine-apple, orange, sweet lemon, lime, shaddock, watermelon, muskmelon, sapote, mango, guava, fig, tamarind, pomegranate, and cocoa, cashew and groundnuts. The apple, pear, quince, cherry, etc., thrive, even without cultivation. So do garden flowers, which are still more varied. There is no lack of anything that nature can bestow to sustain, satisfy and delight. The peach tree and the rose run wild on the borders of the orange-grove, whose fruits and flowers are alike simultaneous and perennial.

"In the highlands of the interior the seasons are singularly regular; the dry weather commences about the close of October, and terminates on the twelfth or thirteenth of May, rarely varying a few hours. It is most frequently on the twelfth that the windows of heaven are opened. The sky is then suddenly obscured with thick clouds, which burst simultaneously, often accompanied with thunder, and sometimes with hail. This is confined to the afternoon, and returns on the following days, or, perhaps, for successive weeks at the same hour, or a little later.

"During the whole of the wet season, which is by far the most agreeable, the forenoon is almost invariably cloudless, and the atmosphere clear, elastic and balmy. The rains are often confined to the evening and night, or to the night hours only.

"During the dry season the mornings are often so cool and bracing as to predispose to active exercise, though fires are never resorted to. Through the day the sky is seldom obscured, and light clouds only are to be seen sweeping rapidly across the plains during the short twilight that ushers in the equinoctial day, thence they arise and hang in clusters around the mountain-tops, until the sun has gathered strength to dispel them; in the evening they return to attend to its setting, and add inimitable beauty to the gorgeous scene.

"At all seasons the entire disc of the moon is distinctly visible through all its phases, but now it shines with such uninterrupted clearness as entirely to supersede, when above the horizon, the necessity of artificially lighting the streets, and even in the absence of the Ruler of the Night the brilliancy of the stars dispels all gloom. On the more elevated plains, such as those of Quesaltenango, in the department of Los Altos, the heat is never so great as in England in summer, and the thermometer never descends to freezing."

I have quoted Imray at length, not only because his remarks are so pertinent to my letter, but because the book is strictly a nautical one, and rarely found outside a shipmaster's library.

A bright medical student from the Jefferson college, returning home to recuperate his health after a severe attack of pneumonia, Mr. Maximiliano Fernandez, of San José, Costa Rica, gave me an interesting climatic account of Central America. He stated that consumption was rarely seen in the uplands, and that they were a favorite resort of Cubans with lung troubles.

In concluding this brief glance at Central America, nervous people must remember that earthquakes occur here, as I forgot to state they also do in Algeria; but if it takes consumption and an earthquake added to kill a man, there is something distingué about his taking off that offers consolation to the survivors.

January 13th, we saw at sunrise, towering above the clouds, with no other land above the horizon, the volcanoes Agua (fire) and Fuégo (water). They stand 15,000 feet high, are visible forty miles at sea, and are marks to the mariner by day, as are the stars by night. Arrived at Acapulco January 15th, and had time to dine ashore. Arrived at Manzanilla the 17th, anchored off San Blas the 18th, and halted for twelve hours at Mazatlan on the 19th. This is a fair sample of a Mexican city, and the hotel Iturbide furnished us with most palatable repasts.

Saturday, the 20th, we were off Cape St. Lucas, lower California. Here we noticed a marked change in temperature; straw hats disappeared and warm clothing generally was produced. We passed through the Golden Gate on a beautiful sunny day (25th), found the thermometer in San Francisco 65°, the grass green and flowers growing. Appended is a table of temperatures from Panama to San Francisco. As with the markings on the Atlantic side, the temperatures recorded do not give an idea of the oppressiveness of the heat, so great is the moisture in the air. I would not advise invalids to make this trip earlier than October or later than May, as in the summer the heat is so oppressive as entirely to take away appetite even from the well. More-

over, malaria, during such time, abounds upon the coast, and a vessel stopping at the many ports to take in freight renders its passengers liable to contract the disease.

PANAMA TO SAN FRANCISCO, VIA ACAPULO, MANZANILLA, AND MAZATLAN. DISTANCE 3254 MILES.

1877 Jan.	8 A. M.		M.		4 P. M.		8 P. M.		MIDNIGHT.	
	Air.	*Water.*	*Air.*	*Water.*	*Air.*	*Water.*	*Air.*	*Water.*	*Air.*	*Water.*
9....	..	..	..	..	82°	82°	82°	81°	79°	82°
10....	83°	..	86°	..	88	85	84	83	78	80
11....	80	..	87	..	88	85	81	83	82	83
12....	82	..	82	..	83	81	80	80	82	82
13....	8	..	83	..	80	82	80	84	82	84
14....	79	..	82	..	84	82	80	84	82	84
15....	76	..	84	..	85	84	82	83	82	83
16....	78	..	82	..	85	83	79	81	76	78
17....	76	..	81	..	82	78	78	78	78	78
18....	76	..	76	..	80	78	74	78	72	74
19....	76	..	76	..	76	78	74	76	73	76
20....	71	..	72	..	74	72	68	72	66	70
21....	62	..	68	..	63	66	64	68	65	67
22....	62	66	64	64	66	64	62	64	60	64
23....	62	62	66	64	62	64	60	62	62	62
24....	59	59	62	60	64	62	..	..	..	..
25....	56	..	66	..	..	..	..	..	..	..

Los Angeles Cal., Feb. 12th, 1877.

"The Electric Bath."

ED. MED. AND SURG. REPORTER :—

In No. 240 of the Philadelphia *Medical Times*, I find a notice of my book, "The Electric Bath." This notice touches on only two points, viz. :— 1. The position of the patient in the tub, culminating in a question that displays the child-like innocence of the writer with respect to applied electro-physics ; 2. An allusion that I have made in my book to the employment of extract of malt. The discussion of the first point, being based on what I really have written, required no general reply. The second point, however, embodies so decided a deviation from truth, that I could not let it pass unnoticed. As soon, therefore, as my attention was directed to the notice, I sent the editor of the *Times* a letter, asking him either to set the matter right in his next issue, or else open his columns to me for a reply. My letter met with no response, nor has anything appeared on the subject in the last number of that journal. I therefore appeal to you to accord me space to lay the matter before the profession, asking as a favor from you what from the *Times* I claimed as a right, but which was denied me. The facts can be best brought to light by comparing my own language with that attributed to me by the reviewer.

From "The Electric Bath," p. 26, bottom line, et seq :—

"Extract of Malt I have employed as a roborant, either alone or in conjunction with iron, in cases of debility and malnutrition, and found it of service."

From "The Philadelphia Medical Times," No. 240, p. 213 :—

* * * "But we are also told that the author has seen the electric current cause the absorption of extract of malt diffused through the water of the bath, with excellent results, in anæmia. Extract of malt is chiefly glucose and nitrogenous compounds. Here another conundrum suggests itself. What can't a man see, who has beheld the human skin turned, for half an hour every day, into a gastric mucous membrane, by an electric current? etc."

Without wasting words in adducing evidence that modern physiologists admit unqualifiedly the fact that the skin absorbs substances in solution ; without dwelling on the circumstance that under the influence of the galvanic current this absorption is greatly enhanced (see foot note, p. 25 of my book), I claim that I have nowhere stated anything that would justify the inference that I look upon the skin as a gastric mucous membrane. So far as I know, stomach digestion consists of something more than mere absorption. According to the reviewer's logic, the circumstance—which I scarcely think he will dispute—that patients have been nourished by rectal injections would make the rectum also a gastric mucous membrane.

When (in No. 1040, February 3d, 1877 of your journal) I read your recent editorial on the "Times" reviews, I little thought that its truth would be so soon brought home to me personally.

In conclusion, Mr. Editor, permit me the pardonable satisfaction of congratulating myself, that a person who was evidently bent on subduing a well-meant effort to bring to the notice of the profession a very useful and beneficent remedy, could find nothing to launch forth but frivolous and undignified sarcasms.

GEORGE M. SCHWEIG, M. D.

New York City.

NEWS AND MISCELLANY.

Gathering Florida Arrowroot.

A correspondent, writing from Biscayne Bay, Dade county, Florida, gives some items of interest, among them the gathering of the roots from which arrowroot is made. The correspondent says :—

"Two men, with mule and cart, usually make $100 per month gathering and preparing the coontie for market. One hand gathers twelve barrels of the root, which makes about one and a third barrels of marketable coontie, or what is known as Florida arrowroot. The roots much resemble the rutabaga turnip. It is washed and ground, then put in a tub and water applied, stirred thoroughly, and left to settle about two hours, or until the starch, "thick as soft cheese," settles to the bottom. Then draw off the water, and change to another tub, separating the light coontie which collects on the top, leaving the pure article in the first tub, to which sufficient water should be added to give a consistency thin enough to facilitate its passage through the finest sieve or strainer. Place it in dryers containing twenty-five pounds each. In two days of good weather it is ready for market. The refuse, or "mash," is fed to stock ; horses, hogs, poultry, all thrive well upon it. By boiling the skimmings, a substance as

hard as bread is produced, which keeps well, and fattens hogs for market as readily and as well as corn."

Personal.

—Miss Marianna Gibbons, daughter of Dr. Joseph Gibbons, of Lancaster county, Pa., and a talented journalist, lectured in Lancaster city, on March 1st, on "The Life and Character of William Penn."

—Dr. Schweinfurth, the African traveller, is engaged at Cairo, elaborating his enormous botanical collections.

Items.

—An eminent physician of London is ready to give £100 toward a fund to cover the naked walls of the London hospitals, as he is confident that the contemplation of works of art is beneficial to the recovery of all classes of patients.

—The ladies of Chicago, writes a correspondent, deserve credit for the indifferent use of cosmetics; as a rule they are very natural in their complexions and stylish in their dress, but not remarkable for their beauty; they are too much inclined to *embonpoint*.

—The cattle plague is making fearful ravages in the Mongolian steppes. The Mongols make no effort to prevent the spread of the disease, and they even eat the sheep that have died of it. This state of things has arrested the overland tea trade, which was carried on by horses, camels, etc.

—The *Sanitary Record* states that in the village of Harbottle, Northumberland, no child has died during the last twenty years; a farmer and his three shepherds have between them forty-seven children, and during the past thirty years not a death has occurred in their families.

—A German medicine for sale in this city carries the following warning on the bottle: "Warning. Only that above mentioned packet up is the very pure salt of Sprudel, because it is produced by the inspection of the town officers, but that salt packed up in wooden boxes and also trading with that is false and counterfeit, and is our duty to let this be a warning to the gentlemen and ladies to buy it."

QUERIES AND REPLIES.

Dr. J. J. J., of Ark., desires a remedy for stomatitis materna, obstinate in character, which has resisted astringents, carbolic acid, chlorate of potash and other ordinary remedies.

Dr. J. S. W., of Pa., inquires:—Are astringent injections beneficial in anteversion, retroversion and prolapsus uteri? If so, what are the best remedies?

Dr. W. N. B., of Pa., writes:—Will some reader of the REPORTER please inform me where I can find some account of the "Study of Disease by Synthesis?" as proposed by Dr. Harvey Day, of England? Gentlemen knowing of any work, brochure or fugitive articles on this subject, will confer a favor by replying through the REPORTER.

OBITUARY.

DR. THOMAS HOLYOKE

Died recently in Grinnell, Iowa. He was a native of Brewster, Me., born in 1818. He received his early education at Bangor Seminary, and graduated in medicine at Harvard University. He practiced medicine in Maine six or seven years, when he removed to the central part of Iowa, and was one of a small number of Eastern men who, about twenty years ago, founded the town of Grinnell.

Dr. Holyoke was held in high esteem in a wide circle in his State, and was intrusted with many important administrative positions, including President of the Board of the Literary Fund of Grinnell University; Trustee of Iowa College since its removal to Grinnell, and for several years the head of the Executive Committee and a gratuitous lecturer on Physiology and Hygiene before the students; Trustee of the State Agricultural College, besides various business trusts, as Director in the First National Bank, and for three years its President.

DR. BIRD MOORE.

Departed this life, on the evening of the 8th of February, at the residence of his son-in-law, Dr. McLaughlin, at Austin, Texas, Dr. Bird Moore, of Fayette County, Texas, in the fifty-fourth year of his age.

A native of Tennessee, the deceased graduated at the University of Pennsylvania in 1846, and removed to Texas a few years afterward, where he was engaged in the practice of medicine until within a short time before his death. The deceased is much regretted and missed by his many friends and by the community in which he lived. His purity of mind and uniform kindness endeared him to all he came in contact with. He was interred at Austin, on the 10th of February. R. H. S.

MARRIAGES.

HANFELD—LORETTE.—On Tuesday, February 13th, 1877, by Rev. A. H. Partridge, Benjamin L. W. Hanfeld and Evangeline L., eldest daughter of Francis M. Lorette, M. D., of Brooklyn, Long Island.

HAZLEWOOD—LUDLOW.—At Lawrenceburg, Ind., on the 14th of February, by Rev. S. N. Wilson, Dr. A. J. Hazlewood, of Cincinnati, and Miss Jennie Vail Ludlow.

O'CONNELL—LEACH.—At Vineyard Haven, Mass., Feb. 6th, in the M. E. Church, by Rev. E. Tirrell, assisted by Rev. D. W. Stevens, John D. O'Connell, M. D., and Miss Juliette F. Leach, all of V. H.

DEATHS.

DUNHAM.—At Irvington-on-Hudson, February 18th, 1877, Carroll Dunham, M. D., in the forty-ninth year of his age.

LEWIS.—In this city, on the 10th instant, at the residence of his father, No. 1104 Walnut street, Elisha J. Lewis, M. D.

PAGE.—In this city, on the 18th instant, William Byrd Page, M. D., in the sixtieth year of his age.

WHITE.—In Lawrenceville, N. J., on the 15th instant, Dr. George White.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

ELECTRO-THERAPEUTICS.

THE NATURE OF ELECTRICITY, AND THE FORMS OF ELECTRICITY USED IN MEDICAL PRACTICE.

An Abstract of a Lecture delivered at the Philadelphia School of Anatomy and Surgery,

BY CHARLES K. MILLS, M.D., PH.D.,

Chief of the Dispensary for Nervous Diseases, Hospital of the University of Pennsylvania.

Reported by Geo. J. Clunas, M.D., Clinical Assistant to the Dispensary for Nervous Diseases, University Hospital.

Electricity is not matter, although probably connected with all material forms. It is not a liquid, like water, or a gas, like air; although many philosophers, in their comparative ignorance, have regarded it as a subtle fluid. Hypotheses of one fluid and of two fluids have arisen, and over these wordy conflicts have been waged. Electrical phenomena, however, can be explained without reference to any fluid whatever, by simply looking on the mysterious agent at the root of these phenomena as a force or mode of motion; but, owing to the imperfections of science, and the insufficiency of language, terms which convey the idea of materiality are often used in treating of electricity. Electrical "currents," for example, are spoken of, as if electricity flows like a liquid in a channel; but such an expression is employed only because, as yet, we have no better way of making our ideas known. The electric force does, in fact, in some way, distribute itself along a conductor; and by using the word "current," in referring to the phenomena which result, we avoid the repetition of many words, and are accurate enough for practical purposes.

It is probable that electric phenomena are, in some manner, dependent upon molecular vibrations, and by considering that the nerves conduct impressions by simply transmitting vibrations or undulations, we can arrive at a clearer conception of the action of electricity in and upon the human economy. DuBois-Reymond has shown that galvanism acting on a nerve produces in it a distinct molecular change; that it "polarizes" the electro-motor molecules. According to a recent theory, the peripheral expansions of sensitive nerves take up undulations or vibrations, and convert them into waves capable of being propagated along nervous tissue. The same nerve-tubule may be able to transmit along it vibrations differing in character, and hence, giving rise to different sensations. This doctrine brings nerve force directly into correlation with electricity and the other physical forces, and enables us better to understand electro-dynamics. When we act upon a nerve by means of a current of electricity, we change the rate of nerve vibration, and bring about results in accordance with the degree of this altered motion.

Electricity is always one and the same force, but it may be developed by a variety of methods; and hence, may manifest itself under a number of forms, giving us the different kinds of electricity. What is known as animal electricity is caused by the metamorphoses of matter constantly going on in animals. Thermo-electricity results from the action of heat. Electricity developed by friction is named statical,

or frictional, or franklinic. When it originates from the contact of unlike metals and chemical action, it is termed galvanic or voltaic. When it is produced by magnetism, it is called magneto-electricity; and when magnetism, on the other hand, springs from electricity, it bears the name of electro-magnetism. The so called faradic electricity results from various actions—electric, electro-magnetic, and magneto-electric.

In the early history of electro-therapeutics, frictional or statical electricity, also called franklinic, after Franklin, was largely in vogue. It is still employed considerably in England and Germany, especially in certain public institutions of those countries. Golding Bird, Gull, and Radcliffe, of the former nation, and Schwanda, Frommhold, and Clemens, of the latter, have been among its strong advocates. Tibbits attributes to it considerable value, and thinks that it has been suffered to fall into unmerited disuse. Amenorrhœa, chorea, aphonia, facial neuralgia, and some forms of paralysis, are among the diseases for the relief of which it has been successfully used. I believe that it has a definite place in electric medicine; but it is not my design, during the present course, to devote any time to its discussion.

As galvanic and faradic electricities are the two forms with which you will most likely have to deal, it is of first importance to have clear ideas of what they are, and a proper understanding of the apparatus for their development.

"Galvanic" and "Faradic," and similar words, have been derived from the names of Galvani and of Faraday.

A galvanic apparatus, in medical parlance, is an instrument for the production and utilization of that form of electricity which is derived directly from the cells of a battery. Any two dissimilar substances, as zinc and copper, or zinc and carbon, immersed in an acid or saline liquid, and then brought into contact, will give rise to electricity, and, in fact, constitute a galvanic battery of one cell. Four, eight, sixteen, thirty, or any number of cells, may be combined in a galvanic battery as it is found in practice.

Various contrivances for starting, measuring, interrupting, modifying, or changing the polarity of the electricity, are usually attached to the galvanic instruments of physicians, but these have nothing to do with the origination or calling forth of the force; true galvanism being the result simply of the contact of the unlike bodies, and of the actions going on in the cells.

The faradic apparatus is also known as the induction coil. What is meant by induction? Electricity is said to travel or to be conveyed either by conduction or by induction; by the former it is distributed from point to point through a homogeneous substance; by the latter it is transferred or communicated from one body to another, the two not being in actual contact. One electrified body *induces* or calls forth electricity in another which is near. A magnetic or magnetized substance, likewise, if placed in the neighborhood of some other magnetizable body, as iron or any ferruginous material, will cause the latter, by induction, to exhibit magnetic properties. We all, doubtless, know the effect which a magnet has on a suspended magnetic needle, causing it to move in various directions, according to the pole presented, and the line of approach. Œrsted discovered that a wire conveying an electric current affected a poised magnetic needle as another magnet would do—deflecting the needle to one side or the other, or elevating or depressing it, according to the position of the wire and the direction of the current. If a bar of soft iron is surrounded by insulated wire, and electricity is passed through the latter, the bar becomes magnetic by induction, and so remains as long as the current continues.

Faraday argued, and experimentally demonstrated, that as a wire conveying a current acts like a magnet, it ought, by induction, to excite a current in another wire near it. A current passing through a conductor will induce a current in the opposite direction in a second conductor parallel to the first. Suppose the case of a coiled wire connected at either extremity with the poles or electrodes of a galvanic battery, and also suppose a second coiled wire parallel with and near to the first. As soon as the circuit is formed, and a current passes from positive to negative in the first coil, a secondary current is induced in the second wire, but in an opposite direction. This current runs but for a single instant; but as soon as the current passing through the first wire is broken, an instantaneous current, with its direction reversed, is again established in the second.

It was Faraday, also, that advanced and demonstrated the proposition which is at the foundation of the science of magneto-electricity; namely, that as magnetism is induced by electric currents, so magnets ought, by induction, to excite electric currents. A single ex-

periment will illustrate all that it is necessary, for present purposes, to know about this subject of magneto-electric induction. Let a helix be connected with a galvanometer, and thrust a bar magnet quickly into the open space within the helix. The needle of the galvanometer will be deflected in a certain direction. Suddenly withdraw the magnet from the coil, and the needle will take an opposite course. The magnet has induced electric currents in the wire, in each instance in an opposite direction.

The faradic machine seems, at first sight, somewhat complicated; but with a good general understanding of these principles, its working becomes readily comprehensible. It consists, in the main, of the following parts: 1. A small battery of one or two cells, the starting point of the electric current; 2. A primary coil, which is made of comparatively short and thick insulated wire, and which connects with the battery; 3. A self-acting contrivance, so placed in relation to one of the wires from the battery to the primary coil, as to cause the current, which would otherwise be continuous, to be constantly broken and renewed; 4. A secondary coil, which surrounds the primary, and is composed of comparatively long and fine insulated wire; and 5. A core of soft iron within the primary coil, in which magnetism is excited by the current passing through the primary wire.

Various factors, therefore, go to make up the net result, which is termed faradism, or the faradic currents. You have the current which is circulating, in the circuit of which the battery and the primary coil form parts. In this primary coil is also an additional current, which is commonly called the "extra current." It is evident that each turn or winding of the helix is practically parallel to the other turns; and from the principles already considered, the windings will act inductively on each other, both on the opening and closing of the circuit, and give extra currents. For reasons which will be discussed hereafter, the extra current is perceived only in one direction. Every time the current is broken or opened, and also every time it is made or closed, in the primary coil, an induced current is generated in the secondary, so that in the latter we have to and fro or alternating currents of momentary duration. Finally, magnetism is induced in the core of soft iron within the primary coil, and this magnetism reacts by induction on the coil, to modify the general result.

COMMUNICATIONS.

ON THE USE OF THE CHLORATE OF POTASSA IN DIPHTHERIA AND PSEUDO-MEMBRANOUS CROUP.

BY THOMAS M. DRYSDALE M. D.

Read before the Philadelphia County Medical Society, January, 1877.

In an address on Tracheotomy, which I had the honor of presenting to the Medical Society of the State of Pennsylvania, in May, 1874, the attention of the members was drawn to a peculiar method of using the chlorate of potassa in diphtheria and pseudo-membranous croup, which I believe to be original, and which, in my hands, has given excellent results. The prevalence of the first-named disease in an epidemic form induces me to bring again this matter before you.

Perhaps it may be considered unnecessary to direct the attention of members to the use of the chlorate of potassa in diphtheria, as it is held by many to be a common remedy in this disease, and has been recommended in membranous croup. But if any one who offers this objection will investigate the subject, he will find that the use of this drug is not so general as he may suppose, and he will also find that but few really have full faith in its virtues.

To prove that many doubt its powers as a remedy in these diseases, it is only necessary to consult our text-books, for even so recent an authority as Aitken does not mention its use in diphtheria; nor does the late edition of Pareira, by Prof. H. C. Wood.

This want of confidence in this remedy has interfered with its general use in both of these diseases, from the time when it was first successfully applied in croup, by Chaussier, in 1819. Soon after it was brought into use by this writer, it fell into neglect, and was apparently forgotten, until Dr. Isambert again brought it prominently into notice by his inaugural thesis.* It was then indorsed by Trousseau,† "in cases of average severity," but he denied, however, "that it does any good in cases of severer type." Since then it has been used by a great many physicians, some of them eminent,

* Isambert:—Etudes Chimiques, Physiologiques, et Cliniques, sur l'Emploi Thérapeutique du Chlorate de Potasse, spécialement dans les Affections Diphthéritiques. Paris, 1856.

† Trousseau's Clinical Medicine, Vol. II, p. 575.

who have added their testimony to the good results obtained by its application in diphtheria and pseudo-membranous croup. But, strange to say, in spite of this evidence, and although our remedies in these diseases are so few and inefficient, it has never come into general use in the treatment of croup; and even in diphtheria it is often neglected, to the detriment of the patient, for some inferior remedy.

Now I wish particularly to direct your attention to what is believed to be the cause of this neglect—*the inefficient doses in which it has been given* For proof of this, it will be necessary to refer you again to the text-books. Prof. Stillé, in his well-known work on Therapeutics, vol. ii, p. 824, says, "The dose for children under three years of age is about five grains, three or four times a day, and for an adult, from ten to thirty grains."

Dr. John F. Meigs, in the work on "Diseases of Children," by Meigs and Pepper, directs the chlorate to "be given in full and frequently repeated doses, as, for example, two or three grains every two hours, to a child of four years old (p. 101); and again, at page 127, in narrating a case of membranous laryngitis in a child six years and one month old, he gives a prescription which he used every three hours, containing two grains of chlorate of potassa in combination with iron. Aitken says,* "It can be used with benefit in five-grain doses, every two hours, in croup." Niemeyer† prescribes "a solution of chlorate of potassa (one drachm to six fluid ounces), with directions to take a tablespoonful in the mouth every two hours, and to keep it in contact with the pharyngeal tissues for some time before swallowing it." This would give an adult five grains every two hours. Examples might be multiplied, but these are sufficient to show the usual doses recommended in these diseases.

That these doses are too small, and so prove ineffectual, can be asserted from the result of my own observation and large experience in the use of this chlorate. In the address which has been referred to (p. 16) will be found this statement: "I have been for many years in the habit of prescribing a saturated solution of chlorate of potassa, thirty grains to the ounce; and giving, according to the age of the patient, a teaspoonful, a dessertspoonful, a tablespoonful, or even a larger quantity, every three hours, in mild cases; but in cases of extreme urgency I have given as often as every half-hour, and with the happiest results."

These doses, you will perceive, are much larger than those generally recommended, for each tablespoonful contains fifteen grains, each dessertspoonful seven and a half grains, and each teaspoonful three and three-quarter grains, and are given according to the age of the patient. For instance, to a child under two years old, a teaspoonful; from two to ten years old, a dessertspoonful; and over this age a tablespoonful, which is also the dose commenced with in adults; the dose being repeated at the intervals already stated, according to the severity of the case. A child, then, of one year of age, suffering from a moderately severe attack of diphtheria, will take, if the medicine is given every two hours, forty-two grains in twenty-four hours. Another, under ten years of age, will take, in the same time, one hundred and eighty grains. While one still older will take three hundred and thirty grains. If the case is severe, of course much more will be taken.

In an immense number of these cases I have continued the use of this salt for days, and in some for weeks, without seeing any evil results follow, except a little gastro-intestinal irritation in some young children, which I have found readily controlled by combining opium with the mixture. In fact, we need not fear to give this salt even more freely than has been here recommended, as the experiments of Isambert, Fountain, Tully and others prove, but when we can obtain all the good results with these doses, of course it would not be wise to give larger.

The formula that I am in the habit of using is as follows:—

℞.	Pulv. potassæ chlorat.	ʒij
	Syr. limon.	fl.ʒj
	Aquæ,	fl ʒiij. M.

This gives a mixture which is pleasant to the taste and is readily taken by children; an important fact, the advantages of which need not be pointed out to you.

It has been asserted that the amount of salt mentioned, 30 grains, cannot be dissolved in an ounce of water, and in a case where I performed tracheotomy for one of our most prominent writers on diseases of children, this was

* Science and Practice of Medicine, by Wm. Aitken, M. D., vol. i, p. 532.

† Niemeyer's Text-book of Practical Medicine, vol. ii, p. 607.

insisted upon. He was, however, persuaded to prescribe it, and was convinced of the truth of the statement by finding the salt in solution when brought from the druggist.

As the authorities differ in regard to the solubility of the chlorate of potassa, I requested Mr. Wm. R. Keeney, a druggist of this city, to investigate the matter so far as it related to the question before us. He has furnished me with the following results of his experiments:—At 60° Fah. fl.℥j of water dissolved 24½ grains of the salt; at 87° fl.℥j dissolved 30 grains, which remained in solution when the temperature was reduced to 60°; at 212° fl.℥j dissolved 240 grains, which crystallized when cooled, but left 30 grains in solution. And last, at 92°, six drachms of water and two drachms of syrup dissolved thirty grains, which represents the formula recommended.

The use of the chlorate of potassa in diphtheria and membranous croup has some advantages not possessed by other remedies. All local treatment, except by the solution itself, is unnecessary, for that it has a solvent action on the membrane, has been proved by M. Barthez,* and the parts involved are so frequently bathed by swallowing it, that a true and free topical application is made every time it is administered. Taking advantage of this local action, I direct the nares to be injected with it when they are affected; and in cases of croup, particularly after tracheotomy, apply it by means of the atomizer.

Another advantage is that other remedies may be used in connection with it. For instance, when there is much spasm of the larynx emetics may be given, and the chlorate used after them; or, when the case is decidedly asthenic, iron and quinine, stimulants and nourishment, may be administered at the same time.

This treatment has proved so successful that when called to an ordinary case of diphtheria, before it has reached the larynx, or traveled upward toward the brain, producing convulsions, I feel but little apprehension; for, in a large practice of many years, but few cases have been met with which have resisted it.

It is not claimed that it will cure diphtheria in every instance, for we will meet with malignant cases in all epidemics of acute infectious diseases which will resist every remedy, or, rather, where the patients are so thoroughly poisoned by the infection that they will die before any medicines can act upon them. But, in fact, so efficient do I consider chlorate of potassa, used in the manner which has been recommended, that I regard it quite as much a specific, if we may use such a word, for this disease, as is quinine in intermittents, or mercury in syphilis.

In my early years of practice, following authorities upon this disease, I treated pseudo-membranous croup by means of the remedies recommended by them; such as, in a few cases, blood-letting; but generally by emetics of various kinds, carbonate of soda and calomel, etc., and met with the success which usually attends such practice in grave cases; in other words, but few recovered. Seeing how little benefit was to be derived from these means, and meeting with success in the treatment of diphtheria by chlorate of potassa, I was led to treat my cases differently. When now called to a case of membranous croup, in its early stage, the use of an emetic is directed, followed by the saturated solution of chlorate of potassa, giving it according to the urgency of the symptoms. If in spite of this treatment the patient is not relieved, tracheotomy is recommended, and after the operation the use of the salt continued.

Many cases could be given which would corroborate what has been said, but I will not trespass on your patience any further than to narrate a case of membranous laryngitis, treated in this way, which was witnessed by some of our fellow-members.

September 20th, 1876, about seven o'clock in the evening, I was called upon by Mr. F. A. Weis, who resides in Second street, above Spruce, to see his little girl, aged four years. He told me that for nearly a week she had had a very sore nose, which discharged an ichorous, offensive matter. She had been a little feverish when this commenced, but thinking it a mere cold in the head, he had procured medicine from the neighboring druggist for her. The discharge diminished, but, September 18th, in the evening, she was seized with a croupy cough, for which he gave her syrup of ipecacuanha, and applied a stimulating liniment to her throat; but, as she was subject to croupy attacks, was playing about the room, and did not seem very sick, no alarm was felt.

* *American Journal of Medical Sciences*, October, 1858, p. 513.

September 19th. She awoke hoarse, and had some difficulty of breathing, which increased steadily until the time I was sent for.

I saw her at 8½ P. M., and found her breathing stridulously, and with great difficulty; her voice was whispering, and she had a constant croupy cough. In examining the throat, the posterior fauces were seen to be coated with a diphtheritic membrane, and a large white patch of the same occupied either tonsil. The cervical glands were enlarged. Over various parts of the body, face and neck were large patches of erythema. A dessertspoonful of the saturated solution of chlorate of potassa was directed to be given every hour, and a piece of flannel, wet with turpentine, was applied over the windpipe, and the upper part of the chest. She was visited again at 10½ P. M., when the dyspnœa was not so urgent.

September 21st, 10 A. M. Pulse 132, but weak. Breathing softer and easier. Directed her to have abundant nourishment, principally milk, and gave her, in addition to the chlorate, one grain of quinine every four hours.

4 P. M. No change.

10 P. M. Respiration 16; pulse 132; sleeping quietly.

September 22d, 10 A. M. Had a severe coughing spell this morning, during which she expelled a large piece of membrane, which they threw away. Told them to save any more that came up. Pulse 132; respiration 20. Has more dyspnœa, with more retraction of the supra-clavicular spaces, etc. Directed the chlorate to be given every half-hour.

4 P. M. Color good; dyspnœa the same; has been playing. Brought up a cylinder of membrane about two inches in length, which they saved.

September 23d, 10½ A. M. Is decidedly worse; dyspnœa extremely urgent; pulse very frequent and difficult to count; respiration 40; voice suppressed; color varies.

4 P. M. Very little change. Has had a spasm of the larynx which nearly proved fatal. I had been urging tracheotomy, but the interference of friends prevented the father, who at first was willing, from giving his consent.

At 2½ in the morning of September 24th I was sent for in haste, to operate. I secured the assistance of Drs. D. Burpee, W. L. Atlee, Jr., W. S. Stewart, and his brother, Dr. S. S. Stewart, of Westmoreland Co., who kindly accompanied me. On reaching the house we found the little patient even worse than when I last saw her. She apparently had but a short time to live. After preparing everything for the operation, the father laid her on the table, saying that we must not operate until she was made entirely insensible with ether. Telling him the danger of its use, we administered it very cautiously, but the increased dyspnœa, lividity, coldness of surface, and failing pulse admonished us to desist. We tried it again and again, but always with the same result. We appealed to the father to permit us to proceed with the operation, as the partial insensibility of the child made it certain that it could not suffer much from the incision, but he was obdurate, and we reluctantly replaced the instruments and left the house. Before leaving I urged the father to continue the chlorate every half-hour, to which he hesitatingly consented, believing that the child was dying, and that medicines now only tortured her.

September 24th, 10 A. M. On visiting the patient, instead of finding her dead, as we feared, she was breathing easier. She had had a severe fit of coughing, and had brought up a complete cast of the larynx, which had greatly relieved her, and she had fallen asleep. Directed the treatment to be continued.

4 P. M. Skin cold and moist; pulse very feeble and frequent, but in other ways the same. Directed the use of a stimulant, in addition to the other treatment.

September 25th, 10 A. M. Has slept well; breathing much easier, but cannot yet speak; pulse of better character and skin warm.

From this time she continued to improve, still having occasional attacks of dyspnœa when crying or excited. The use of the chlorate of potassa was persevered with for ten days more, until the voice was restored and the breathing entirely natural, when it was stopped.

This is but one of many cases of pseudo-membranous croup, or membranous laryngitis, treated successfully by the chlorate of potassa. But enough has been said to bear out the assertion that this salt is not prized so highly as it deserves to be, on account of the small and inefficient doses in which it has been used, and that it is this smallness of the dose which has led men high in authority in our profession to undervalue and deny its virtues in these diseases.

PUERPERAL ECLAMPSIA.

BY J. F. PRITCHARD, M. D.,
Of Manitowoc, Wis.

While so much is being written on the subject of puerperal convulsions, and so many confusing theories advanced as to the causes, nature, and treatment of the disease, I think that deductions from cases of actual occurrence will be a safe guide to their management, and, further, that they depend not on one cause alone, but several.

The cases herewith presented give widely different conditions of the system at the time of attack, but the causes appear to have been nearly alike in both, and indications for treatment similar.

CASE 1.—A robust Scotch-American woman, aged twenty-three; brunette; mother of one living child. Had been complaining of headache for one week previous to her attack, and could recall no event that transpired during the week. Her friends saw her every day, and said she acted strangely, but not sufficiently so to call for assistance. She attended to her ordinary household duties, and was not obliged to remain in bed even. Did not know the exact period of pregnancy, but thinks it was between the fifth and sixth month; was suffering from constipation. Was attacked suddenly while kindling a fire, but as she had no one but a little brother with her, could not learn any particulars. When first seen she had very severe convulsions, lasting for a period of between two and three minutes, with about an equal period of intermission. No consciousness during intermission. Pulse very full and bounding; skin hot and dry; tongue furred and wounded by the teeth; eyes fixed and with conjunctival congestion; pupil does not respond to light, and nearly normal. Bladder empty, so could get no test for albuminous urine, if there had been time. There was moderate uterine contraction, which could be easily detected by palpation. By exclusion, and judging from the condition of the uterus, I concluded her pregnancy to be the exciting cause, and after temporizing by treatment, *secundum artem*, administration of ether, chloroform, venesection, and the usual routine, with no perceptible effect, prompt delivery was determined on. The os uteri was dilated so as to admit the index finger, and delivery was safely accomplished in one and a half hours, by forcible dilation and podalic version. Her convulsions ceased during the time in which delivery was being accomplished, but returned again in a mild form, and continued occasionally until the following day, nearly twenty-four hours in all. About thirty-six hours from the commencement of the attack she became conscious, from which time her recovery was rapid.

In the venesection we were unable to get more than twelve ounces of blood, and it was very dark-colored and thick; veins were opened in four different places. Inhalations of chloroform controlled the convulsions by giving it very freely, but as soon as it was removed there was an immediate return. Ether had very much less effect and other remedies none.

CASE 2 was American by birth, aged 30; blonde; mother of two living children; always been healthy; supposed to be seven months pregnant; was subject to fatigue for two weeks previous to her attack, in making a journey. About one week previous, while holding a weight above her head, said she felt something give way, after which time she had not felt well, but still was able to attend to her ordinary duties without difficulty. Attack commenced suddenly, ten hours before I saw her, during which time she had five convulsions, averaging nearly two hours in the interval. Convulsions lasted but a few minutes, with no return of consciousness in the interval. Pulse soft and nearly normal; skin cool and natural. Removed urine with catheter; did not test it, but apparently normal; could detect occasional uterine contractions through the abdominal walls, but with difficulty could reach the uterine neck, and could not determine its condition. Convulsions easily controlled by chloroform. She had been bled freely before my arrival, but with no effect to lessen the convulsions; was obliged to wait three hours before the finger could be introduced into the uterus, after which time delivery was accomplished in the same manner as in Case 1, in one hour. She had no return of convulsions after delivery. The child was softened, and had been dead some time. She made a good recovery.

Now, in both the above cases the treatment applied was the same, viz., immediate delivery, or, at least, delivery as soon as possible. What else could be done? Possibly copious bleeding, in Case 1, might have relieved her somewhat, but I am positive it would not have

cured her, and to do any good it would need to be so copious as to be dangerous. She lost but little blood at the time of delivery, or afterward. As to the absence of urine in the bladder, we were not able to ascertain whether it was voided, or whether there was suppression. The function was afterward established without trouble.

The cause of the disease was undoubtedly, in both cases, uterine irritation, as is proven by the cessation of the convulsions after delivery. In Case 1 constipation was probably also an exciting cause, although this is not so clear. In this case there had been no injury that could be ascertained, but in Case 2 there was separation of the placenta and death of the fœtus.

I will not attempt to say why, in these particular cases, uterine irritation caused the convulsions, but of the fact I am certain, and will leave the theory to others. Albuminuria had no part in the causation, I think, as the sequel would prove. I do not deny that albuminous urine may show a condition of the system predisposing to such attacks, but I think it more commonly only an accidental complication, for there are many that void albuminous urine during this period and yet have no symptoms of any such complications. Possibly it may be a factor, but it is by no means always present.

CASE OF VICARIOUS MENSTRUATION SIMULATING HÆMOPTYSIS—TREATMENT.

BY R. H. G. SEYMOUR, M. D.,
Of Nechanitz, Texas.

On the 26th of January I was called to see a young lady, Miss Mary M., aged twenty-three, who was said to be subject to hemorrhage from the lungs, and who, from her general feelings, was apprehensive she was about to have another hemorrhage. On my arrival at the house, I was informed she had already had an attack, and had taken freely of salt. She had experienced unusual sensations for two days. She expressed herself as feeling a sense of constriction in trachea and larynx, preceded by heat and great soreness in the chest. I found her pulse much accelerated, full and hard, her cheeks flushed, her extremities cool. There was also dyspnœa, and slight headache. She had had her catamenia the week previous to her attack. I made a minute and careful examination of the chest by percussion and auscultation, but could discover no lesion, and but a very slight moist râle. The blood was expectorated while coughing, and was of a dark color, which I attributed to its having been detained in the air passages. Deeming the case to be one of hæmoptysis, I prescribed the fluid extract of ergot hypodermically, of which I injected a drachm in the arm. I also gave a pill of acetate of lead and opium every two hours. But all my efforts to check the disease proved unavailing, until I accidentally found out that, during her last menses, the lady had got her feet wet, and that, instead of lasting a week, as heretofore, and being profuse, they had only lasted two days, and had been scant and painful. I now had no difficulty in diagnosing vicarious menstruation, and prescribed the following:—

℞. Fl. ext. ergot, ℥ij
Fl. ext. gossypium, ℥iss
Fl. ext. senecio aurens, ℥j
Fl. ext. helleborus niger, ℥ij.

Of this I ordered a teaspoonful to be taken every four hours. After taking five doses she had a profuse and natural discharge. The symptoms of hæmoptysis subsided after the second dose. From the happy result of this formula in this case, I shall be inclined to try its effects in cases of amenorrhœa and dysmenorrhœa. I would be glad if some of my professional brethren would try it, and report in the MEDICAL AND SURGICAL REPORTER.

CONVULSIONS FROM PREPUTIAL IRRITATION.

BY. W. A. TYREE, M. D.,
Of Wapella, Ill.

Justice to a very worthy teacher, whose clinics, as reported, I have ever read with great interest, demands that I should report a case which would doubtless have been shrouded in obscurity as to the real seat or cause of trouble, but for the able and practical lecture of Dr. L. A. Sayre, reported in the MEDICAL AND SURGICAL REPORTER, for October 14th, 1876, at page 305, on the subject of "Paralysis from Peripheral Irritation." I do not in the least doubt that very many of your readers had about the same reflections that I did upon reading this lecture, *i. e.*, that they could now look back to cases treated with little or no satisfaction, in which many of the characteristic symptoms were

prominent, who passed from the care of one physician to another equally misled, or unled, as to the cause, until finally abandoned to helplessness or death.

On the 19th of November, 1876, I was called to visit J. P., aged five months, living five miles from town. The history of the case as I received it, was as follows: The boy, when born, seemed to be all right, at least nothing to the contrary was noticed until he was about three weeks old, when he began to have what his mother called "crying spells," which would last from a few minutes to three or four hours. When he had been in this condition for about two weeks, the parents report that he had two or three fits. The child had continued to grow very fast, and was very large for his age. He had continued to cry at intervals, and occasionally some little spasmodic action of the limbs would manifest itself. For a few days past he had seemed to be getting weaker and losing the use of himself considerably. After asking what questions I thought proper, I requested the mother to remove his diaper, at the same time asking if she had ever noticed anything wrong in that part; but immediately upon removing the cloth my question was answered, to that extent, that the penis was swollen and of a purplish red color, although not seemingly very tender to the touch. (The boy crying all the time). When the matter was thus brought up, the parents both said that they knew that there was no swelling there when he was easy. I left him medicine to induce quiet and sleep, for two days, and gave particular directions to notice the penis and report to me accordingly.

In consequence of being ill myself I did not see the child again until the 2d day of December, at which time the report of the parents with regard to the concurrent erections of the penis with the paroxysms of crying, attended with other indications, were so fully satisfactory, that I did not hesitate in diagnosing it a case of congenital phimosis with adherent prepuce. I then explained the child's condition and the operation I thought necessary for its relief, to the parents, who expressed an anxiety to have it performed as soon as practicable. I left the same quieting treatment for the child, and an agreement to return the third or fourth day afterward, prepared to operate.

I called upon my friend, Dr. John Wright, of Clinton, who very kindly consented to give me his assistance. We met at the time set, and after I had, with some difficulty, succeeded in getting the little fellow under the influence of ether, Dr. Wright proceeded to operate. The first incision had to be pretty long, about one inch in length—as there was a redundant prepuce—which was made on a grooved director. He then carefully detached the prepuce, which was found to be adherent to almost the entire surface of the glans. The operation was concluded by inserting a suture of silk through the detached membrane and skin, and with directions to apply cold water dressings until I should see him again, or about two days.

I returned on the third day and found our little patient flourishing nicely, and the parents highly elated at the results, so far, as they said "he had not cried five minutes since the operation;" upon examination I found the sore was healing nicely, with scarcely any perceivable inflammation. I removed the sutures and requested them to let me know in a week or so how it progressed. I did not see the patient again for several weeks, but found that the operation was a success, and that the little fellow had improved greatly, with good prospects ahead.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY FRANK WOODBURY, M. D.

Conversational meeting, held January 10th, 1877, Dr. Thomas Drysdale, President, in the chair.

After the reading of the paper of the evening by Dr. William Goodell,* a vote of thanks was tendered the author, and the subject opened for discussion.

On the Radical Treatment of Uterine Cancer.

The lecturer, in reply to a question as to the mode of diagnosing uterine cancer in its early stages, from ordinary disease of the cervix, stated that the incipient stage is rarely seen by the physician, but that he would place great reliance on the hardness and immobility of the tissues preceding ulceration. In epithelial cancer there is rarely any doubt as to the nature of the disease. From the first, the offensive character of the discharge, and the friable, ulcerated, often bleeding surface, are characteristic points. Scirrhus is not only much rarer in its occurrence, but also, in its early stages, more difficult to distinguish. Its hardness, and the bosselated

* See page 217, No. 1045.

surface, would lead to the suspicion of cancerous infiltration, and in such a case he would rely upon the test of the sponge tent. If the density have been produced by metritis it will disappear, and the os will soften, from the pressure produced by the tent. But in the other event there will be no alteration in the hardness. In doubtful cases he would rather err on the side of malignancy, and give the patient the benefit of the doubt by removing the vaginal portion of the diseased cervix.

Dr. I. S. Eshleman agreed with the lecturer as to the appearance of the cervix in the early stage, but did not think that there was any one diagnostic test that would enable the physician to say positively that incipient scirrhous disease was present. He had found the most suspicious cases yield kindly to local treatment, and again, promising cases develop malignancy.

He recalled a case where a lady aborted at the eighth month, after a hard and protracted labor, where, in his temporary absence, the fœtus was allowed to perish in the unruptured membranes. He discovered, at the first touch, that a cancer invaded two-thirds the neck of the uterus posteriorly, and fixed the os firmly to the pelvis, so that dilatation depended upon the anterior third of the neck. In this case the sponge tent must evidently have failed as a diagnostic aid. The patient survived more than two years, under palliative treatment. In regard to the propriety of early operation, he mentioned another case where there was found just such hard and bosselated condition of the cervix, as described by the lecturer. This patient was first seen over thirteen years ago, when he advised her to do nothing. She was doing well up to a year ago, when he last heard of her. She may be still living.

Dr. C. R. Prall knew the case last mentioned, and reported that an immense cauliflower growth had succeeded the condition described, and that the patient died four months since, of the disease.

Dr. Barr asked to recall to the mind of the lecturer two cases of uterine cancer, both reported to the Society on the same evening, about six years ago. The first was related by the speaker; the second by another member of the Society. The case reported by Dr. Barr was seen in consultation by the lecturer, and was treated by local and constitutional remedies. Uterine cancer was diagnosed, though the general condition was not cachectic, but, on the contrary, she presented such an appearance of blooming health as to attract the Professor's notice, so as to even occasion remark. The second case was operated upon by amputation of the intra-vaginal neck, the local condition being very threatening. The second case also presented, for a time, the appearance of excellent general health, but died within a year. The first case probably suffered no more than the second, but required continued treatment. She attended to her business over two years and died. The information desired was, would the Professor, from his present view, have operated upon the first case; and could he have expected a better result from operation than had resulted from non-interference?

Dr Goodell. The first case mentioned was treated by arsenic and other remedies, and with local applications of the acid nitrate of mercury. This he would now consider a favorable case for removal, as it would eradicate the disease. When he saw this case first, he labored under the misapprehension that in uterine cancer there is always bad health, but he had learned better since. Of course, when the malady has invaded the neighboring organs a cure need not be expected to follow removal of a portion of the diseased structures; but as long as it is confined to the cervix, the radical treatment is eminently appropriate.

Dr. Barr also described a case which was treated as one of simple ulceration of the cervix, not being looked upon as cancer when first seen, three years ago. The patient improved under treatment so much that she declared herself well. A year or two later she was annoyed by pain and discharge, but for a long time declined examination. Finally, about two months ago, she consented, and an ulcerated, bleeding surface was seen, which, although hardened, did not bear a very malignant appearance, there being but little hemorrhage or discharge. A week later the disease invaded the upper part of the vagina, and two weeks afterward she died of pyæmia and apparently nervous exhaustion. He now inquired whether Professor Goodell would recommend operation in such a case, after the character of the growth was recognized.

Dr. William Goodell. If the patient were dying of the exhausting serous and bloody discharges, he would advise operation, but if inanition were the cause, he would not. He would limit the operation to cases where there was hemorrhage or profuse serous discharge.

Dr. William B. Atkinson was glad to hear this last remark, as it endorsed his treatment of a case operated upon at the request of the relatives, in which there were such exhausting discharges. He removed a large mass by the écraseur, and treated the profuse bleeding which followed by a tampon moistened with Monsel's solution, giving ergot and iron internally. The patient lived one year later, and had only one return of the bleeding, which seemed to come from the body of the uterus, as there was no further disease of the cervix. This case showed the hereditary character of cancer, as she subsequently died of cancer of the stomach, the same disease that carried off her father.

Dr. S. W. Gross had listened with interest to the paper, as it advocated a principle already adopted by surgeons in the treatment of ulcerated morbid growths, to remove them, in order to get rid of the profuse and highly offensive discharges, which are sources of hectic irritation and septic poisoning. A special point in favor of removal of uterine cancer is that it is not so liable to relapse, after removal, as carci-

noma in other organs, in this respect ranking with cancer of the penis. He does not believe, however, that cancer of the uterus can be radically cured unless seen in its earliest stages and the entire organ removed; but it is good practice to get rid of the ulcerated mass, through which the condition of the patient is rendered comfortable, and in many instances life undoubtedly prolonged. He had also been pleased with the recommendation to cauterize the cut surface after ablation of the cervix; this is a principle that should be carried out, using the actual cautery or the strong acids in all cases of sarcoma or carcinoma, as it will destroy cells that have failed to be reached by the knife.

Dr. Packard had found, in some cases of disease diagnosed as malignant, and especially in epitheliomata, apparent benefit from the internal use of arsenic, but the results were by no means uniformly satisfactory. He thought it difficult to predict with assurance the effects of any treatment, in uterine cancer particularly. Sometimes advantage follows the employment of means which would, *â priori*, have seemed altogether inadequate. Nearly four years ago, he was called on by a physician of great and deserved reputation to assist him in removing a sponge-tent, which had been introduced forty-eight hours before, in a case of disease of the os uteri presenting every appearance of malignancy, and considered to be cancerous. By the use of Agnew's hysterotome, and a pair of curved bullet forceps, the tent was with much difficulty withdrawn. With no further local treatment, except the use of detergent washes, the uterus became healthy, and has remained so. Sims reports two cases, and mentions having seen "many others," in which polypi disappeared under the pressure of sponge tents. The urgent symptoms attendant upon uterine fibroids are often relieved by division of the cervix; and the experience of every practitioner will probably confirm the idea, clearly impressed on every page of the modern history of the surgery of the womb, that the diseases of this organ and its adnexa are more amenable to local treatment than those of other portions of the body.

Dr. D. G. Brinton inquired if the lecturer had had any experience with the treatment of cancer recently advocated by Wynn Williams, of London, by applications of bromine, from which several cures have been reported. Another important point, that occurred to him, was the after treatment of cases subsequent to ablation, to prevent the return of the growth. For this purpose arsenic, salts of ammonium, and others, seem very useful, particularly the monobromide of camphor, which has in several cases seemed to prevent the reappearance of malignant growths.

Dr. Goodell has had no experience with phytolacca decandra, nor with bromine, in the treatment of these diseases. It should be mentioned, in diluting this agent, that unless the bromine be very slowly mixed with alcohol an explosion is likely to occur. A second objection to its use is its irritating vapor, which may cause a coryza lasting for weeks. This can be avoided only by plugging the nostrils with cotton dipped in a solution of bicarbonate of soda.

Dr. Benjamin Lee reported a case of enormous enlargement of the glands of the neck, uncertain in their character, where they appeared to literally melt away under the use of the fluid extract of phytolacca, and the patient's health was perfectly restored.

Lacto-peptine.

Dr. I. S. Eshleman presented a specimen of lacto-peptine, prepared by Reed & Carnick, which had given him great satisfaction in relieving the nausea of pregnancy, in three to five grain doses. He also uses it in typhoid fever, given, at first, every two hours, in milk, and subsequently with every meal. He had obtained better results than from ordinary pepsin.

Dr. Hay said that Boudalt's acid pepsin would answer all that is claimed for the lacto-peptine, and should be used when the common neutral pepsin fails.

Dr. Cohen has not had much experience with acid pepsin, but had tried lacto-peptine for several years, with good results in enfeebled digestion, alone or with quinine, but in the latter case not to be mixed with sulphuric acid.

Editorial Department.

Periscope.

Diagnosis and Treatment of Oxaluria.

Professor Primavera, of Naples, draws a distinction between physiological and pathological oxaluria.

The first occasions no functional disturbance, and shows crystals of oxalate of lime in the urine of healthy individuals when they have eaten vegetables containing the oxalate, as spinnage, carrots, sorrel, etc.; it may then be present in the proportion of 0.1 per litre, and if the vegetable has not been too largely partaken of, the oxalate will be held in solution by the sodæ phosphas of the urine.

In testing for oxalate of lime, the author adds to twenty-five centimetres of urine four centi-

metres of a solution of chloride of lime (three grammes of the salt to sixty grammes of water), and about ten drops of aqua ammoniæ; the heavy precipitate of phosphate of lime which follows is dissolved by the addition of glacial acetic acid in excess; and the urine is permitted to stand fifteen hours. Oxalate of lime, urea, and other substances are deposited; a filtrate is obtained, and the residuum washed and acidulated with muriatic acid; uric acid and epithelial scales are removed, the acidulated oxalate has aqua ammoniæ added to it, and in six hours the crystals of the oxalate become visible.

What the author terms local pathological oxaluria, when stone is formed, is easily diagnosticated by means of the microscope. On the other hand, general oxaluria, due to hypochondriasis and nervous troubles, is more difficult to detect, and a careful examination of the urine is very necessary. The patient must avoid eating vegetables which contain the acid; the urine must have stood for a time, decomposition must not have begun, and the urine must not be strongly alkaline, if the examination is to result in an exact diagnosis in a case of suspected oxaluria.

In the treatment of this disease Cantani had the best results with an absolute meat diet; he regarded the disease as bearing a likeness to diabetes, from an etiological point of view. He held the opinion that when oxalic acid does not come from without the body, it is formed within, from starchy and saccharine food, as in diabetes, and that it is formed at the expense of the urea.

The author modifies Cantani's treatment. At first he confines the patient to a meat diet, and forbids the use of vegetables, as well as spirituous drinks. Gymnastic exercises and sodæ phosphas are ordered; later, eggs and cheese; and still later, green vegetables and wine are allowed. When the disease has about gotten well a return to other diet is permitted; at first in small portions, so that the patient may gradually accustom himself thereto. When a stone of oxalate of lime already exists in the bladder, he prefers cystotomy to lithotripsy, because these calculi are small and very hard.—*Allgemeine Medicinische Central-Zeitung*, *No.* 88, 1876.

The Relation of Syphilis to Aural Disease.

In an article in the *Medical Press and Circular*, February 14th, Dr. H. McNaughton Jones, of Cork, observes:—

In children, the fact should not be forgotten that transmitted syphilis is a frequent source of ear mischief. It is difficult to say when the morbid changes which bring about this terrible form of deafness commence. Struma and syphilis have both their share in producing aural complications in young children. But while frequently to the former are attributed the symptoms which are observed in the young child and infant, the presence of the latter is overlooked. In many obscure cases, where there is no proof of the parents being strumous, and no appearance of a strumous diathesis in the child, the search must be cautiously but carefully made for a syphilitic origin. More particularly is this necessary in those acute cases which we occasionally meet when a child or young infant is attacked rapidly with inflammation in the middle ear, followed by profuse otorrhœa, and perhaps convulsions and death. In such a case that I saw lately there was general blood-poisoning and collections of pus formed in different parts of the body; the attack was ushered in with snuffles and an abscess over the antrum. The father had syphilis, and the previous children had all died shortly after birth. Suspicions must be awakened by such a history, and it should not be overlooked, both for the sake of the patient and the surgeon. But those cases are most frequently met with in which the deafness is hereditary, and the child has never heard well, without any history of discharge, and when there has been no complaint of pain. These children are not brought in the earlier years of childhood, and we are often not consulted until the growing deafness has become so inconvenient, at or about the age of puberty, that the parents, particularly among the poorer classes, are forced to get advice. The symmetrical nature of these cases, as pointed out by Mr. Hutchinson, may assist in the diagnosis. The presence of the characteristic teeth, also described by him, the coincidence of syphilitic lesions of the cornea, the proofs of old skin affections, and the general characteristic appearance with which we become familiarized on seeing a number of such cases, will confirm the diagnosis. We have Hinton's testimony that one-twentieth of the cases of deafness attending Guy's Hospital had as their cause hereditary syphilis.

Aspiration in the Treatment of Hernia.

Mr. P. L. O'Neill, Medical Officer, Athy Workhouse, writes to the *Medical Press and Circular*:—

The following case is illustrative of the success which Dr. Dieulafoy claims for the aspirator as an aid to the taxis in the reduction of hernia, and likewise of the complete harmlessness of one or more punctures in the intestines, even of patients having a peculiar liability to serous inflammations:—

On Sunday, the 19th inst., a patient, far advanced in Bright's disease of kidney, and who had, for some years, a small hernial protrusion, for which he usually wore a truss, was admitted to the Infirmary under the following circumstances, viz.: Immediately before his admission, while lifting a weight in the absence of the truss, the hernia, which had hitherto confined itself to the region of the external abdominal ring, and was not at any time larger than a pigeon's egg, fell into the scrotum, and in a few moments became as large as a foot-ball, assuming the most exquisite tenderness. I saw him a

few hours after the occurrence, but he could not permit me to touch the tumor. To allay the pain, I injected a quarter of a grain of acetate of morphia subcutaneously, and had warm fomentations and a stimulating enema administered.

One hour afterward I revisited patient, and found pain and tenderness abated, but manifestly symptoms of strangulation, without any diminution in the size of the tumor. I applied the taxis for ten minutes without success; then had patient placed in a warm bath, and repeated the taxis, with no better result. I next resolved on giving Dieulafoy's method a fair trial, and accordingly aspirated the hernia with a hot needle, with very unsatisfactory results. I then replaced it with a No. 2, which brought away some reddish fluid, fecal contents and flatus; the needle, however, becoming clogged, I withdrew, cleaned and reinserted it in another part of the tumor, with the most satisfactory results. Large quantities of flatus were extracted, the hernia reduced to less than half the size it had been a few moments before, and the merest effort at the taxis placed the bowel within the abdomen. From that time to this (Saturday 25th Nov.) patient has had a stool daily, and not the smallest inconvenience in the abdomen.

The features in the case most worthy of remark are:—1st. That morphia, subcutaneously injected, was preferred to the administration of chloroform, which I would have considered dangerous, owing to the renal affection and cardiac weakness. 2d. That patient escaped peritonitis, notwithstanding the peculiar liability such persons have to inflammations. 3d. The facility with which the tumor was reduced after aspiration.

Anæsthesia by the Injection of Chloral Into the Veins.

According to the *Medical Press and Circular*, MM. Tizzoni and Gracinto Fagliata in the *Revista Clinica di Bologna*, have examined the following points:—

1. Is chloral injected into the blood a true anæsthetic?
2. Is there any serious danger from its use?
3. What are the risks?
4. Upon what element does the chloral act?

They have drawn the following conclusions:

1. It is not a true anæsthetic, but a powerful hypnotic. Cutaneous sensibility is not abolished except by large doses. The cornea never properly loses its sensibility.

2. It is dangerous; it is difficult to measure its action, which varies in different people; it easily excites phlebitis. It is a poison to the heart.

3. Chloral acts directly on the muscular fibre. It determines contraction of the muscular fibre, and the heart stops in systole.

4. The best means to remedy accidents from chloral is to throw cold water on the head and spine. Pretended antidotes of strychnia, quinine, atropine, and curara are bad.

Salicin in Rheumatism.

In a discussion of a number of cases of rheumatism treated by salicin, Dr. Maclagan, as reported in the London *Medical Times and Gazette*, says that "the relief of pain is always one of the earliest effects produced." The cases given fully bear out this conclusion: and even when the pain was persistent, and migrated from joint to joint, it was not severe, and there was usually no subsequent swelling. Dr. Maclagan's sixth and seventh conclusions are: that "in acute cases relief of pain and fall of temperature generally occur simultaneously," and that "in subacute cases the pain is sometimes decidedly relieved before the temperature begins to fall." The cases given do not support these two propositions. In three acute cases the joint-pain ceased at least twenty-four hours before the temperature began to fall, and at least four days before it became normal. In three others the temperature became normal before cessation of pain, and in two of them the pain "persisted." In two cases the pain subsided and temperature became normal simultaneously. Perhaps the beneficial action of the drug on the pain ceases when the temperature becomes normal.

Cardiac Complications.—In only three did a murmur develop whilst taking salicin: this was in each case a distinct apex-systolic, and it disappeared before the drug was discontinued. In one case a murmur developed after the discontinuance of the drug. In the other four cases no murmur existed, though the soft, low first sounds in two of them suggested the anticipation of murmurs.

Sweating.—Profuse in three cases; produced miliaria in one of them; was alkaline in a third. In all the rest the skin was simply moist.

The *urine* never gave any large deposit of lithates; was usually only moderately acid, and on one occasion was alkaline. Salicin was detected in the urine in one case six hours after administration, and gave the purple reaction as late as the fourth day after the discontinuance of the drug—in this respect differing notably from quinine.

Salicylate of Soda in Diabetes.

The *London Medical Times and Gazette* says that Dr. Müller Warnek, Assistant Physician in the Clinic of Professor Bartels, at Kiel (*Berliner Klin. Wochenschrift*, 1877, Nos. 3 and 4), sums up the results of a prolonged and careful observation of two cases of diabetes which were treated with the above drug, as follows:—
1. Salicylate of soda can completely remove the symptoms of diabetes mellitus, although its action does not always appear to be permanent. 2. The symptoms of diabetes disappear more rapidly, the larger the dose that is administered and the longer the drug is continued in any particular case. 3. In moderate daily doses (nine to ten grammes per diem), the initial influence of the salicylate upon the diabetic

process appears to become gradually exhausted, whereas, large daily doses (fourteen to sixteen grammes), exert an increasingly powerful effect upon it. 4. Salicylate of soda can be administered in large daily doses in chronic diabetes mellitus for a long period without any special disturbance of the general health, and if any symptoms of poisoning should occur, they will rapidly and completely disappear if the remedy be discontinued for a short time. 5 Salicylate of soda appears to have only a slight irritating effect on the kidneys in diabetes, even after prolonged administration. Dr. Müller Warnek gives full details of his cases in the article referred to. Attention was first called to the use of salicylate of soda in diabetes by Professor Ebstein, of Göttingen, in No. 24 of the *Berliner Klin. Wochenschrift*, 1876. In his cases the salicylate, in doses of five to ten grammes per diem, produced considerable diminution, and even at times complete disappearance, of the sugar from the urine; and he found that still smaller doses maintained the good effect of the earlier large ones.

Reviews and Book Notices

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. R. D. Webb, of Livingston, Ala., forwards us a copy of his essay on "Hemorrhagic Malarial Fever" (8vo, pp. 107). He gives a careful review of the literature of the subject, and draws from a considerable personal experience a number of new illustrations of types of the disease. Quinine is the sheet anchor of his treatment.

——Dr. A. C. Bernays, of St. Louis, in a pamphlet reprinted from the Richmond and Louisville *Medical Journal*, compares the operations for vesico-vaginal fistula, as practiced by Dr. N. Bozman, of New York city, and by Prof. Gustave Simon, of Heidelberg. It contains an obituary of Dr. Simon, and is illustrated by twelve wood-cuts.

BOOK NOTICES.

First Annual Report of the Secretary of the State Board of Health of the State of Colorado. Denver, 1877. pp. 141.

Dr. H. A. Lemen, Secretary of the State Board of Health of Colorado, presents, in this volume, a large assortment of interesting facts concerning the sanitary relations of that elevated plateau which is embraced in the State of Colorado. Of the several papers contained in the volume, Dr. Lemen contributes one on the climate of Colorado in relation to asthma, and another on pulmonary consumption. The mineral springs of the State are discussed by Dr. T. G. Horn; the influence of altitude on Health, by Dr. W. Edmondson; schools and their relation to health, by Mr. A. Gove; food, drinks and water supply, by Dr. A. V. Small; while Mr. J. A. Barwick, of the Signal Service, U. S. A., supplies a number of meteorological tables.

A Course of Practical Histology; being an Introduction to the use of the Microscope. By Edward Albert Schäfer, Assistant Professor of Physiology in University College, London. With Illustrations, on wood. Phila., H. C. Lea, 1877. 1 vol., cloth, 12vo, pp. 304.

The growing use of the microscope demands text-books from which the practitioner can glean instruction without the need of a personal teacher. This work has such an object in view. It is chiefly occupied with plain directions for the suitable preparations of the animal tissues. An introductory chapter gives an account of the several parts of the microscope, and the purpose for which they are intended. The optical construction of the instrument, and the description of the various tissues, are not included in the author's design. The illustrations are abundant and well-printed, the text clearly paragraphed and the volume well indexed. The parts are described in chapters devoted to the blood, epithelial tissues, connective tissue, cartilage, bone, the heart, the lungs, the generative organs, etc. Pathological histology does not come within the author's scope.

Within the limits which he has chosen, and which we have defined, he will be found a satisfactory guide, and the work a sterling addition to the library of the working microscopist.

THE

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AN IDEAL HOUSE.

About two years ago, Dr. BENJAMIN W. RICHARDSON, of London, described, in a widely read lecture, a "City of Health," which should combine all the economic advantages demanded by those who "toil and earn their bread," with that security to life and health which it is the noblest duty of our calling to provide.

Not many men build cities, but many build houses. Probably, therefore, a more recent lecture by the same high authority, on "the model town house," will appeal to the practical instincts of a larger class. For that reason we shall give, from the English journals, Dr. RICHARDSON'S plan, which embraces both the inner arrangements, the material and the decoration of the dwelling.

"The fundamental alterations in house construction advocated by Dr. RICHARDSON are, first, an arched basement open to the external air; second, a tower at the back of the house, communicating with each floor by a door, and containing the staircase, closets, lavatories, etc., and a lift; and thirdly, the placing of the kitchen and servants' sleeping rooms at the top of the house instead of the bottom, beneath a flat asphalted roof, on which a conservatory or winter garden could be erected."

In reference to covering walls, Dr. RICHARDSON objects to paper, because it retains dust, and cannot be washed, and because the paste "decomposes under moisture, and yields its decomposing particles to the air." He prefers paint, but holds that a good and artistic substitute for wall-paper is still needed. In reference to mural decorations, he thinks simple geometrical figures preferable to more complicated designs, which can easily be distorted by the eye into ugly or unreal forms.

"Damp on walls and furniture was the subject of much useful comment. It is well to remember that damp walls are chiefly objectionable, as leading to damp bedding and clothing. The presence of a fair proportion of aqueous vapor in the air is essential to comfort and well-being, and it would perhaps have been better if the lecturer had pointed this out. The real evil of damp walls is that water evaporates from them when the temperature of the room rises, and is deposited on clothing and bedding when the room cools. Good ventilation and uniform temperature, both properly urged as essentials in a model house, reduce the danger of damp walls to a minimum."

For illuminating purposes, the lecturer objects to gas, because it contains six per cent. of carbonic oxide, and remarks that an atmosphere containing one part of the gas in two thousand produces painful symptoms when breathed.

NOTES AND COMMENTS.

A Mistake and its Result.

We find in the *Progreso Medico*, a journal which we have recently received from Madrid, the following case, which is of some interest on account of a curious mistake that produced the most happy results in the treatment of a case of acute sciatica.

The case in question is that of a man, of a good constitution, who suddenly became affected with a pain in the left hip, which got worse by walking. The pain, which at first was circum-

scribed, soon extended to the thigh and the entire left extremity, obliging him to keep his bed. There was no fever nor sordid state of the tongue; the pains were acute, piercing, and intermitting.

The physician who was called, finding the principal painful symptoms which characterize the sciatic neuralgia, prescribed a potion consisting of three ounces of honey and rose water, with a drachm of oil of turpentine, of which mixture the patient was to take a tablespoonful four times daily; and also, a mixture of two ounces of oil of turpentine and a drachm and a half of laudanum Sydenhami, with which the painful parts were to be rubbed.

The prescriptions were put up and delivered to the wife of the patient, who mistook the vials, and instead of giving her husband the potion, rubs him with it, and gives him a tablespoonful of the liniment. The next morning the physician calls and finds his patient walking about, perfectly well; greatly surprised (and perhaps disappointed), he inquires whether the patient has followed all his directions, when, from the explanations which are given, he comprehends the mistake. The patient stated that, after having taken the medicine, he felt a severe burning and dryness in the epigastric region, fauces and mouth, followed by nausea, thirst, cephalalgia, vertigo, and drowsiness; at last he fell asleep, and slept profoundly for eight hours, when he awoke, feeling perfectly well.

We must leave it to our readers to draw their own conclusions from this interesting case.

The External Use of Chloral Hydrate.

In a late number of the *Lancet*, Dr. W. B. Kesteven states that he has tried chloral hydrate externally with great success in neuralgic pains and in cancer of the breast, in cases in which other sedatives and narcotics have failed to give relief.

The mode of application is by the saturation of folds of lint, of the size of the part to which it is to be used, brought into close contact, then covered with three or four layers of lint covered with oil-silk or spongio-piline wrung out of hot water. The application to raw surfaces, of course, requires some care in manipulation.

The strength of the solution is about four drachms to sixteen ounces of water. The addition of a small quantity of glycerine is advantageous. Chloride of zinc, or perchloride of iron, can be combined with the chloral in certain cases.

In the *St. Petersburger Medicinische Wochenschrift*, December, 1876, Dr. Th. Dmitrieff states that he has arrived at the following results with regard to the external use of chloral-hydrate. 1. It arrests various fermentative processes, such as ammoniacal and lactic acid fermentations, even in so weak a solution as one per cent. 2. A one per cent. solution applied to wounds discharging unhealthy offensive secretion quickly removes the bad smell; while at the same time (3), through its stimulating properties, it produces a prompt development of healthy granulations, and (4) hastens cicatrization. 5. Chloral-hydrate applied externally, has a locally sedative action. The observations were made partly on dogs, and partly on men.

Eau de Cologne as an Anæsthetic.

At a recent meeting of the Nice Society of Medicine, Dr. Hugues presented some observations upon the anæsthetic influence of Eau de Cologne, which he had recently noticed. In one instance, that of a young lady afflicted with tubercular consumption, and with whom injections of morphine and the use of chloral had failed to produce the desired repose, a friend suggested a trial of eau de cologne, which she had already used with success in similar circumstances on some twenty different occasions. An immediate experiment was made, by placing a handkerchief well moistened with cologne under the nostrils of the invalid, who, in the space of seven minutes, sank into a profound slumber. The same experiment was repeated in other cases, with excellent results.

The Nature of Colloid Substance.

In his late work on the *Nervous Centres*, Dr. V. Magnan shows that diffuse interstitial encephalitis may be accompanied at certain circumscribed points by intense irritation, causing a very active proliferation of the elements of the neuroglia and of the vascular walls. The new elements thus formed, instead of becoming converted into fibres of connective tissue, or undergoing fatty degeneration, become infiltrated with colloidal deposit, and he proceeds to describe the alterations that the middle layer of the cortical portion of the cerebrum undergoes in colloidal degeneration, and the mode in which the vessels become converted into bright,

highly refractive tubes, with immensely thickened walls, which become fissured by longitudinal striæ and lacunæ.

He gives the following as the characteristics of colloid substance:—It is a hyaline substance, only slightly transparent, feebly refractile, with an occasional bluish reflex. It is insoluble in alcohol, ether, and chloroform. It dissolves slowly in concentrated acetic acid, is readily colored by carmine and ammonia, but is not colored by iodine, nor by iodine and sulphuric acid. It is not dissolved by hydrochloric acid, nor by solutions of potash or soda, unless when warmed. It is certainly neither of an oleaginous nor of an amylaceous nature.

Toughened Glass.

The discovery, by M. de la Bastie, of toughened glass has not yet been made of economic value. It seems that some difficulty is experienced with the bath of grease or paraffin which De la Bastie uses for tempering his glass; and he has had to devise a means of preventing the ignition of the inflammable constituents of the bath, which means has to some extent added to the complication of his process. In the presence of this difficulty other inventors found their opportunity, and besides the process invented by Herr Siemens, of Dresden, Herr Pieper has also devised a method of tempering and hardening glass, which is so far successful that the German glass-makers have given £15,000 for the exclusive right to use it in their country. The new process consists of submitting the glass, while at a red heat, to the action of superheated steam, a process which of course effectually disposes of the difficulty and danger attendant on the use of an inflammable bath.

The Salicylates in Rheumatism.

The *Lancet*, in a recent editorial, says:—The very remarkable consensus of opinion as to the value of salicylates in rheumatic fever is the more important as it comes from those who have the reputation of being slow to adopt new things, on account of their novelty, and especially when such men as Sir Wm Jenner concur in its praise. Those who know how multiform a disease acute rheumatism is, and how variable is its course under any and every treatment, are the slowest to adopt with enthusiasm any new specific in its treatment; but there can now be little question that salicin and salicylates, especially the latter, do exert an influence in its cure which is quite peculiar to them. An interesting field of inquiry yet lies open as to their mode of action, and their value in other acute and chronic febrile diseases.

Alcohol and Absinthe.

Dr. V. Magnan, in a recent work, shows that the prolonged administration of alcohol to the dog causes marked changes in its habits and characters. It may be observed to suffer from illusions, hallucinations, and delirium, from trembling, and disturbance of the digestive organs. Post-mortem examinations exhibit various stages of steatosis of the liver, kidneys, heart, inflammatory complication of the meninges and of the spinal cord, pericardium, and coats of the stomach. Essence of absinthe, on the other hand, produces convulsive shocks in the head and anterior parts of the body, and when given in large doses it determines epileptic attacks and delirium.

Carbon Disulphide as an Antiseptic.

The last number of the *Chemist and Druggist* tells us that Dr. Zöller, in a late number of the *Deutsche Industrie Zeitung*, states that carbon disulphide in a state of vapor is capable of acting as a powerful antiseptic. Two drops allowed to evaporate spontaneously in a closed vessel of the ordinary temperature were found to keep meat, fruit, vegetables, and bread in a perfectly fresh condition for several weeks. The articles submitted to the process acquire neither smell nor taste, the carbon disulphide evaporating entirely when they are exposed to the air at the ordinary temperature. The vapor of carbon disulphide being very inflammable, all experiments on its antiseptic properties should be performed during daylight. We have no doubt this is the secret of a process which has made some stir in this city lately.

Diphtheria in New Zealand.

Mr. J. N. Sinclair, Head Master in Taita School, Wellington, New Zealand, writes to us that the late severe outbreak of diphtheria in that locality is considered to be owing to the defective drainage of this colonial city. Not many years ago the children of a family were swept away by this disease in a particular locality; last year a young girl fell a victim to the same malady near the same place; and this year, at the warm season, one family has lost

all its little ones, five children, from the same cause, and in the same locality. Public feeling has been strongly aroused on the matter, and a meeting was held on the 9th of January, urging the City Council to delay the erection of a Town Hall, in existing circumstances, and to devote their funds to carrying out other and more necessary improvements.

Numerous Parasites.

Dr. P. Engle, of Iowa, writes us the notes of a case of a boy, three years old, who passed, under the action of santonine, seventy-six lumbricoides, from four to fourteen inches in length. The numbers of these parasites sometimes found is astonishing.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

By an Invalid Physician.

LETTER X—THE WEST INDIES.

Ed. Med. and Surg. Reporter:—

In my journeyings for health I have often wished that I could repeat the benefits derived from the first long journey I ever made—a visit to Cuba. The old "Moro Castle" that bore me there and back, like myself, is now laid by in a sequestered nook. It was in latter March that we glided into the beautiful and cosy harbor of Havana, whose deep blue waters encircled by verdure-clad shores seemed like a lapis lazuli in emerald setting. I was only on shore four days, but the quaint Spanish city, with its foreign customs and its tropical surroundings, are as plainly photographed on my mind as though it were an ever present picture. Then the appetite generated by the few days' sea journey thither! They have the best eggs there in the world, and the day seemed a perpetual banquet of omelettes, bananas, and ices. I had left home after a winter's work, pale and angular. I returned as fat as a mole and as bronzed as a Mexican. It was natural, after days of sickness came, and I wandered an invalid abroad, that I should look back to that land of beauty, and wonder whether a second visit to it would not treat me as kindly as the first. No one could read Irving, Prescott, or Kingsley, without a wish to visit the tropical isles whose luxuriant beauty the magic of their pens has brought to every northern fireside. Dr. Levis, in his bright little volume, entitled "Diary of a Spring Holiday in Cuba," speaks glowingly of the attractions of the greatest of the Antilles. The result of numerous inquiries during the first year of my sickness, to both physicians and invalids who had tarried there, as to the efficacy of a winter in the West Indies for consumption was not encouraging. I have talked with consumptives in the last three years who, as a body, have represented every health resort in the world; and I have talked with travelers who collectively have represented all climes. Coming, for instance, on the steamers from New York to San Francisco, I met a medical student from Central America; the Peruvian minister to Italy, on his way home, the same gentlemen having previously been governor of the Chincha Islands; a United States naval officer who had been engaged on Arctic expeditions, and an old retired sea captain who had doubled Cape Horn many times. From such co-voyagers one can learn the pleasures, dangers, and benefits of any part of the earth's surface. To return, then, to the West Indies. While I have heard of many benefited by a cruise among these various islands, I know of but two cases where what might be called permanent benefit resulted from a winter on shore. Both were gentlemen, and both known to me. One, with an excellent digestion for rum, wintered on Santa Cruz; the other on the Bermudas. Time and experience seem to have awarded the same judgment to the West Indies as to Madeira, *i. e.*, that while the climate is theoretically perfect it is practically detrimental. British physicians of greatest reputation used to send consumptives to Madeira by crowds. Now, its climate, like that of Italy, is in absolute disrepute for these cases. Finally, even if a patient does do well in the West Indies during the winter, he is early driven therefrom by the debilitating heat of spring; and experience shows that in nine cases out of ten the attempt to return to the nearest mainland port (say Charleston or Savannah), incurs a bronchial attack that undoes in a week the benefits of a season.

I have made three journeys to the West Indies, twice making some stay, the third time cruising down between the eastern end of Cuba and San Domingo, stopping off two of the smaller islands, on my way to South America. The Isle of Pines, south of Cuba, was formerly lauded as a resort for consumptives. It is a very small island, right in the track of the trade winds, and a residence on it was said to be equal to a constant sea-voyage, without any of the latter's discomforts. The island is now a Spanish penal settlement, and, like Cuba, unfitted for a peaceful health resort. The Spaniards of Havana are so insolent, even to a lady, that an American cannot now visit it with pleasure.

At present, by reason of large hotels and extensive advertising, the Bahamas and the Bermudas are most patronized by invalids. Like Barbadoes and Santa Cruz, and unlike St. Thomas, these islands are intrinsically healthy. The natives are fat, hearty and agreeable, and the British soldiers thereon suffer from nothing more than heat.

Bermuda is in the line of travel. Steamers leave New York every two weeks for the main town, Hamilton, and connect there with the Cunard steamer from Halifax to St. Thomas. The latter is the main port of intercommunication,

next to Havana, of the West Indies. The Bermudas are equidistant from Halifax, New York and Charleston, about seven hundred miles. They owe their equable, warm, moist climate more to the gulf stream than to latitude.

An excursion ticket from New York and return, good for six months, costs fifty dollars. The steamers are safe, but second-class in their appointments. They sail under the British flag.

Nassau, the chief resort of the Bahamas, is reached only from Savannah. Steamers sail about every ten days. Invalids and others who wish to leave it for other islands, or the Florida coast, frequently charter sailing vessels, which will make the voyage to the nearest ports for about one hundred dollars.

All the other West India islands are reached by first going to Havana or St. Thomas. European steamers running to Aspinwall touch at one or the other of the West Indies; and a small steamer runs semi-monthly along the whole line of the lesser Antilles.

After my return from the South, in the early spring of 1876, I visited Bermuda, both to experience its climate and to see how consumptives had fared who had wintered there. There is a charm, only to be understood by those who have experienced it, in leaving a wintry port, and after a two or three days' sail arriving at a land of warmth and beauty. Such is the trip from New York to Bermuda in winter or early spring. You leave the first with its icy streets and its piercing winds, to arrive in the second mid the bloom of flowers and the welcome breath of balmy breezes. Early on the morning of our third day out we came in sight of the Bermuda group. The deep blue waters around us were animated with the nautilus and the flying fish. As we neared the coral shores, and approached shallow water, the color of the sea gradually changed from dark blue to pale green, and finally, into creamy white surf. Stately palms lifted their heads here and there, giving a tropical appearance to the scene. The islands are green with grass, and the roadways and low houses, cut and built from the rocky foundation, are dazzling white. Many varieties of geranium and other flowers bloom all winter; we passed to the hotel through rows of them, making the first impression of Bermuda decidedly favorable. The drives through the island are nature's macadamized roads; the scenery is everywhere beautiful; there is good society, principally composed of British civil, military and naval officers, and their families, and the people are hospitable and glad of the company of strangers. The main products of the island are potatoes and onions. Garden vegetables and a few fruits are raised. Those who go there expecting an abundant supply of tropical fruit will be mistaken. All the oranges and lemons we had during our stay were brought by the steamer from New York. Fish are plentiful. The climate of Bermuda is warm and excessively moist. Boots left in a shady bed-room become covered with mould in twenty-four hours. The sun's rays are excessively hot, rendering the protection of a sun-shade agreeable if not absolutely necessary to non-residents. At the same time warm clothing is necessary, because one soon becomes chilled in the shade. Consumptives who had remained there the winter were all doing badly, and all told the same story. They improved rapidly for the first month or six weeks of their stay, some gaining flesh at the rate of three or four pounds a week. After that time they rapidly declined, without obvious cause. March is the coldest and most disagreeable month in Bermuda. All the winter months show a daily temperature in the sixties and seventies in the shade.

A winter's cruise through the tropics, I believe, would benefit many cases of consumption.

In a diary of a cruise through the West Indies, in the yacht "Josephine," of the New York Yacht Club, published under the quaint title of "West India Pickles," W. P. Talboys gives the following items regarding temperature, etc.:—

"November 17th. Off Porto Rico. We fully recognize to-day that we are in the tropics. The thermometer stands at 84° in the companion-way, and 95° on deck, and the flying fish skip round us in a lively manner. As we run full before the wind, with all sail made, the sun beats down on our heads as it never seems to at home, even in the dog-days; and the cabin is a grateful retreat, especially as it is the home of lemonade and other refreshments.

"November 22d. At Christianstedt, capital of Santa Cruz. The mercury stands at 90°, but we had a most delightful ride through the country, for fifteen miles, over splendid hard, smooth, level roads; broad avenues, bordered by cocoa palms, and rolling away through mile after mile of rich, waving fields of sugar cane.

"November 23d. Mosquitoes that sing as loud as bullfrogs, and bite like serpents, have appeared among us with the suddenness of one of Pharaoh's plagues.

"November 24th. In the harbor of St. Thomas. The cool land breeze on the deck of the tidy little 'Josephine,' is pleasanter than strolling about the up-and-down, sun-baked streets of the town.'

"November 26th. We have lovely days, with a very hot vertical sun, but tempered by the cool breath of the trade wind, until four o'clock, when the breeze dies out, and till six the air is very sultry and trying.

"November 29th. Off Saba. This remarkable island is simply a volcano, rising abruptly out of the sea to a sugar-loaf elevation of about 3000 feet; it is nearly round, and about two miles across. It is rather a difficult place to visit, as the tourist has to be hauled up the face of the rock in a basket, the inhabited spot being nearly a thousand feet up. In consequence of their lofty position, the inhabitants, some eight hundred Dutch, and their emancipated slaves, have a temperate climate, and grow all European fruits and vegetables.

"November 30th. Thirty miles N. W. of Basse Terre, the capital of Guadaloupe, becalmed. All day our sails flapped in the heavy ocean swell; the sun shot down his very hottest and most vertical rays.

"December 1st. All day we have been gently heaving on the long ocean swell, our sails idly 'slatting' in a flat calm.

"December 2d. Not a breath of air to fan the uncertain sails.

"December 6th. At St. Pierre, capital of the island of Martinique. The British consul returned on board and dined with us. I could not but admire his courage; we sat in the cabin with the mercury at 85°, perspiring freely in our shirt sleeves, while he never unbuttoned his blue and buttony uniform, and he never turned a hair.

"December 7th. Up the mountain ten miles, to 'les Eaux chandes' or thermo mineral bath. For the first four miles our road lay by the side of the ocean, through delicious shady groves of cocoa palms, tamarinds, ceiba, and mangoes, by little farms, fields of cane and pretty embowered villages. Our way suddenly diverged into a little mountain bridle path, where ascending file, between masses of verdure and wilderness of blooms, and fording the many clear little torrents that gush out of the scarred old flanks of Peleus, brought us to a large plateau five hundred feet above the level of the sea, from which we had a most exquisite view. The bathing establishment is a wooden structure, with galleries all about it, but with all but the lower story open to the four winds of heaven. The water is of the Vichy order, and tastes quite alkaline, and is of the temperature of new milk. After bathing here one comes out like John Bunyan, after his pack rolled away from him, invigorated, refreshed, and oh! how hungry!

"December 10th. Bridgetown harbor, Barbadoes. We have been lying quietly at anchor all day, enjoying a repose, heightened by the certainty that everybody must be very hot ashore. The weather is too trying until nearly sundown.

"December 18th. The great trouble in yachting among these islands lies in obtaining provisions; not vegetables, for the markets are crowded with them; nor fruit, for it abounds in infinite variety, lusciousness, and cheapness; but meat is only obtained dripping from the freshly killed beast, and must be eaten the same day. We modify the inconvenience a little by carrying live stock, such as chickens, ducks, pigeons, turkeys, etc.

"December 20th, Trinidad. A perfectly delightful day, with the heat tempered by a fresh sea breeze.

"December 28th, Laguayra, Venezuela. The trip from Trinidad here is best described in Irving's "Life of Columbus." 'Every day displayed some new feature of beauty and sublimity; island after island, where the rocks, he was told, were veined with gold, the groves teemed with spices, or the shores abounded with pearls. Interminable ranges of coast, promontory beyond promontory, stretching as far as the eye could reach, luxuriant valleys sweeping away into a vast interior, whose distant mountains, he was told, concealed still happier lands and realms of greater opulence.' Hot! this is no expression for the sultry penetrating violence of the sun's rays, which not only illuminate and burn, but actually give color to objects.

"January 5th. In the windward passage, between Hayti and Jamaica. The day has been the most completely perfect one that we have had since our cruise began. An exquisite cloudless sky; just a mere ripple on the ultramarine of the sea; and a soft, balmy air, not uncomfortably hot—just a day to tempt the beautiful, purple Portuguese man-of-war, or Nautilus, on a cruise, and we see numbers of them floating by, with their tiny sails set, and their fleshy-looking ballast properly disposed of underneath them. Towards sunset we catch the first glimpse of the distant mountains of Cuba's southern coast, in a purple haze."

With this long extract, which I hope has its value in a medical way, I cease, for a time, my letters, until I have acquired experience of the climate of California.

San Bernardino Hot Springs, California, Feb. 16th, 1877.

The Value of Venesection.

Ed. Med. and Surg. Reporter:—

As there seems a disposition with many physicians at the present day to ignore the lancet, I, therefore, thought I would bring to the notice of the readers of this journal a case which has just occurred in my practice, the result of which proves to my mind very conclusively that bloodletting in some cases cannot be superseded by any other means. The case in question is as follows:—

I was called on the afternoon of the 2d inst. to visit M. N., aged between seventeen and eighteen years, who I was told was in labor with her first child. Upon my arrival I found my patient having a pain now and then, but labor had made but little progress. She complained of a violent headache, which made me feel somewhat uneasy about her, as I thought it seemed significant, but, notwithstanding, I left without doing anything for her, telling her attendants not to call me until they saw more evidence of me being needed. About eight o'clock in the evening her husband came after me in haste, saying his wife was having a "fit." Upon my arrival I found her coming out of the third convulsion, with very little dilatation of the os uteri, and everything in a rigid condition. She being a strong, fleshy, muscular woman, I at once drew from her arm (from a large opening in the vein) near half a tin basinful of blood; this brought on immediate relaxation, so that in less than three-quarters of an hour from the time I arrived I delivered a medium sized female child with the forceps. Convulsions still

continuing, although at longer intervals, I succeeded in getting her to swallow fifteen grains of chloral, and in one hour after, fifteen grains more. When this amount was given, I discontinued chloral and ordered bromide of potassium, fifteen grains to be given every one and a half hours. I left about midnight, with directions to continue the medicine until I came in the morning. Upon my arrival in the morning the attendants informed me that the bandage on her arm had loosened in one of her convulsions, so that she bled quite profusely again before they could get the blood stopped. However, after this she had no return of convulsions for an interval of three hours. The last she had was a little after noon of that day. It was not until the 7th inst. that she became fully sensible. She is now doing well, having a sufficient secretion of milk for her child, which is healthy and strong. This seemed a desperate case when I was called to it in the evening, as the convulsions were severe and recurred at intervals of but a few minutes. Therefore, I would say, in conclusion, had not this case been bled profusely, I am fully of the belief it would have run into a fatal issue. W. L. Martin, M. D.

Rancocas, N. J., 2d Mo., 23d, 1877.

Solution of Nitrate of Silver in the Treatment of Orchitis.

Ed. Med. and Surg. Reporter :—

From an extensive experience with the solution of nitrate of silver, I am satisfied that it is the most effectual remedy we possess for the speedy relief of this affection, forty eight to sixty-four hours being sufficient to effect a cure in the majority of cases. My idea is that it operates in the same manner as strapping, viz., by uniform pressure, thereby disgorging the blood-vessels of the parts, and by this means relieving the inflammation. I commence the treatment by cleansing the scrotum with warm water and castile soap, and after drying the parts with a towel, apply the following solution with a camel's hair pencil :—

℞. Argenti nitrat (cryst.), ℥ss
Aquæ destillatæ, ℥j
Fiat sol.

As soon as this application dries, apply the following :—

℞. Argenti nitrat (cryst.), grs.lxxx
Aquæ destillatæ. ℥j
Sig.—Apply morning and night.

Should any excoriation of the scrotum follow this application, omit it at such points. My object in applying the thirty-grain solution first is to protect the parts from the excoriating effects of the eighty-grain solution. Before I adopted this plan, I experienced some trouble on this account. Should the orchitis be complicated with secondary syphilis, the usual constitutional means should be employed in addition to the local treatment. J. J. Knott, M. D.

Atlanta, Ga.

News and Miscellany.

Health of Philadelphia in 1876.

Colonel John E. Addicks, Health Officer, submitted to Councils his annual statement of the births, marriages and deaths during the year 1876. Total number of births, 18,695 : of these 9878 were males, 8817 females, 416 were colored and 150 were twins. In March there were 1705 new arrivals—the highest number for any one month—while the skies of May smiled upon the coming of but 1341.

The number of marriages during the year was 5341, a falling off of 803 from the previous year. The highest number for any one month was October, 522 ; the lowest, March, 360.

The total number of deaths were 18,892, an increase of 1087 over 1875. The greatest number (2523) took place in July ; the least number (1242) in December.

Since 1860 there have occurred in the city :—Births. 285,750 ; marriages, 102,141 ; deaths, 271,800.

Another "Institute" Gone.

The New York Society for the Suppression of Vice has succeeded in closing the doors of the "Clinton Medical and Surgical Institute," at No. 147 East Fifteenth street, in that city. In September. 1873, the Society for the Suppression of Vice, having learned the character of the publications which the institute was scattering over the country, procured the arrest of the consulting physician, James Bryan, on a warrant issued by United States Commissioner Osborn, charging him with mailing obscene books, and advertisements of articles for malpractice, etc. Bryan was bailed in the sum of $5000, and in the following October was indicted.

Printer's Errors.

Those contributors to journals who become so deeply aggrieved at occasional errors in proof, may console themselves that their cases are rarely so bad as that of a certain Parisian *confrere*. The story is this :—

"Dr. M. recently sent to press a pamphlet on the causes, etc., of insanity. At the end of the last sheet he noted: '*Il faut guillemeter les alineas*' (attend to paragraphs), which the unfortunate printer changed into '*Il faut guillotiner les alienes*' (all mad people should be guillotined) ; and the doctor's work went forth with this astounding recommendation.

—We regret to see it stated that the *Eucalyptus globulus*, in Italy, appears not likely to answer the expectations which were at first formed of it, for it can only live in specially sheltered situations, and is not hardy enough to grow indifferently in any part of the Campagna.

Obituary Notes.

—Dr. Gordon Buck, a leading surgeon of New York, died in that city last week. Dr. Buck was a member of the New York Pathological Society, of which he was at one time president, and of the County Medical Society, the State Medical Society and the American Medical Association, and was a frequent contributor to medical journals, many of his articles being accounts of important surgical operations.

—Dr. Henry De La Cossitt died at Greenville, Pa., on the 2d inst., aged 74 years. He was commissioned a captain of a volunteer company, called the Greenville Infantry, in 1826, by Governor Schultz, and in 1835 became lieutenant colonel. Before the expiration of the last named commission he was appointed a justice of the peace by Governor Wolf, which office he held until the Constitution made the office elective.

—Dr. Jacob Huckel, an old citizen of Southwark, died lately, at his residence, Sixth and Catharine streets. He was 76 years of age.

—Surgeon Charles Chase, of the United States Navy, died on Friday, March 2d, in the 84th year of his age.

—Dr. John Hay died under suspicious circumstances, in New York city, February 26th, and foul play by one Conklin is suspected.

—Dr. Hamilton, connected with the Great Western Railroad, of Canada, from the start of that enterprise, died on the 1st, at Dundas, Ontario.

—Dr. John L. Temple, founder of the Homœopathic Medical College of Missouri, died in St. Louis last Saturday, aged 70.

Personal.

—Dr. John Sundberg, of Baltimore, sailed for Europe February 28th. During his absence he will act as special correspondent of the Medical and Surgical Reporter. He is commended to the courtesies of the European medical press.

—Dr. Marion Sims has been elected Honorary Member of the Dublin Obstetrical Society. The number of such members is limited to twelve.

—A man styling himself Dr. Count de Merville has been arrested at Montreal for attempting to procure an abortion on a young French girl.

—Dr. Jacob Bigelow, the oldest and most eminent physician in Boston, has completed his ninetieth year. He has been, for the last few years, confined to his bed, and has lost his sight, but his mind is in perfect vigor, and his spirits cheerful.

—We are gratified to be able to say that Dr. X. C. Scott, of Cleveland, Ohio, who has been the victim of a despicable attempt at blackmail, has completely and triumphantly vindicated his character.

Items.

—An American, who has been studying the various systems of ventilation on the European continent, says that the Vienna Opera House is the best ventilated public edifice in the world. A large corps of men are permanently engaged to manage the fine machinery invented for ventilating purposes. The Capitol at Washington, and the new Grand Opera House in Paris, the American thinks, are among the most poorly ventilated public places in the world.

—The bills appropriating $100,000 each to the University of Pennsylvania, and the Jefferson Medical College, were passed in the Pennsylvania State Legislature. The appropriation asked for the former was $125,000, and the reduction was made by amendment of Mr. Douglass, who now claims that he has earned his session's salary.

—The Pharmaceutical Examining Board has registered 590 proprietors, and 325 qualified assistants, 17 having received certificates during the year.

—A country newspaper says: "They are making a big ado over a negro in New York, who is 112 years of age. If our grandfather were living he would be 142 years old."

—In our next we shall give the particulars of the alumni meetings and commencements of the two medical schools of this city.

QUERIES AND REPLIES.

Conjunctivitis.

C. R. D.—I have seen the worst cases of granular conjunctivitis yield, in from six to eight weeks, to a *saturated* solution of sulphate of copper, applied to the granular surface twice daily, with a brush. The solution must be applied by the surgeon himself, and applied freely. S.

Gonorrhœa.

Did any one, for a tedious case of gonorrhœa, the irritation confined near the end of the penis, and kept up in spite of all medication, ever insert a piece of catheter, and wrap the part with "rubber dam," or elastic caoutchouc, tight enough just to empty the parts of blood, and if so, with what result? L. V. N.

Dr. S. S., of Pa.—There is no separate work published in this country on the metric system. A Bureau has been established in Boston for the introduction of the system.

DEATHS.

Fegley.—At Oley, Pa., January 22d, of diphtheria, Ambroise Paré, aged two years, five months, son of Dr. A. N. Fegley.

Tolson.—Died at his residence, in Vermillion Parish, Louisiana, October 3d, 1876, Dr. Thomas T. Tolson, aged forty-six years.

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Original Department.

Lecture.

ELECTRO-THERAPEUTICS.

THE REQUISITES OF ELECTRO-MEDICAL INSTRUMENTS.

An Abstract of a Lecture delivered at the Philadelphia School of Anatomy and Surgery,

BY CHARLES K. MILLS, M.D., PH.D.,

Chief of the Dispensary for Nervous Diseases, Hospital of the University of Pennsylvania.

Reported by GEO. J. CLUNAS, M.D., Clinical Assistant to the Dispensary for Nervous Diseases, University Hospital.

In the present lecture I shall ask your attention to some matters of practical interest in regard to galvanic and faradic medical instruments. I do not think that I would be doing you a good service, in a limited course of instruction, to go into a lengthy description of the many forms of apparatus which have been presented to the notice of the profession. Most medico-electric manufacturing firms issue illustrated catalogues, which contain full information in regard to the particular wares which they have for sale.

It is no longer necessary to send to Paris London, Dresden, Berlin or Vienna for what is needed in electrical practice, however famous certain foreign establishments may be for substantial and ingenious workmanship. American manufacturers have, during the last few years, exhibited much enterprise in this direction. On the table before you are various reliable instruments and appliances made by Flemming & Talbot, of 814 Filbert st., Philadelphia. The Galvano-Faradic Company, Jerome Kidder, and other firms of this country, also furnish admirable apparatus. Instead of giving a detailed account of any special machines, I will call your attention briefly to a few points and principles which may help to guide you in the selection of apparatus; or, in other words, I will consider some of the requisites and merits of galvanic and of faradic instruments. I will first speak of the galvanic battery proper, in the case of which the force made use of is derived directly from the cells.

The battery should supply enough electricity for any and all demands. Forty reliable cells, of fair size and in good condition, are, I think, sufficient for the general practitioner. I would strongly advise against the purchase of less than thirty by any one; except, perhaps, by an eye-specialist, for whom less might suffice. In hospitals and dispensaries, and by specialists and semi-specialists, sixty cells are generally kept in readiness; but it is rare that more than forty are needed, or that the current from more than this number can be endured by patients. Various circumstances, such, for instance, as the strength and freshness of solutions, and the size, care, and peculiar nature of the cells composing the battery, have, of course, an important bearing on the question I am now discussing; but my remarks are simply intended to apply, in a general way, to the best forms of portable galvanic apparatus in the market.

The individual cells of a medical battery should not be too powerful. If the action going on in the battery is more intense than it should be, the materials consumed will be likely to need renewal too soon and too frequently. For some of the more delicate galvanic applications,

also, a very active single cell might be too strong; and as rheostats, to diminish the strength of the current, are usually wanting, such applications could not be made.

The current supplied by the battery cells should be constant. It should be comparatively smooth and regular, and should not flag appreciably during the time required to make applications. It should also be enduring, lasting, without any marked diminution of force, for a reasonable period. Inconstant batteries are those in which the electricity furnished varies from time to time; and which, owing to certain rapid decompositions and depositions, will not endure long without recharging. Technically speaking, batteries with but one fluid are inconstant. In practice, however, some of these have been found to answer well enough. I might mention, for instance, the cell of Smee, of Stöhrer, and of Grenet. The latter is in common use, and as I am often asked for the exact formula for the preparation of the fluid for it, I will here give that employed by Flemming & Talbot:—Dissolve one ounce of bichromate of potassium in eighteen ounces of water, to which add two ounces of pure sulphuric acid. When the mixture is cool it is ready for use. The elements of the Grenet battery are zinc and carbon.

For those living where they can command the services of mechanical electricians, a good plan is to have a constant battery, of comparatively weak but enduring cells, erected in the cellar or some other convenient place. Such a battery can, of course, be readily connected, by means of the proper wires, with a key-board in the office of the physician. Permanent batteries of this kind require but little attention for many months. The Le Clanche battery, or some of its varieties, and the Becker-Muirhead battery, a modification of Daniell's, are excellent forms.

The materials consumed by a battery should be cheap, and such as can be readily obtained and prepared. In portable batteries nothing should be consumed when the apparatus is not in service. In permanent batteries, however, the consumption of material is so slight that the elements and solutions can be allowed to remain in contact; but the cells, when not in use, should be thrown out of circuit.

The battery should be so constructed that the condition of its cells can be easily ascertained. In portable instruments it is convenient to have a door in front and below, by means of which the cells can be examined, or withdrawn for recharging, without removing the plates. Hard rubber cells are preferable to those of glass or porcelain, because they are not so liable to be broken. Portable batteries, especially, if it is likely that they will have to be often carried from place to place, should be provided with a good hydrostat, which is a lid to prevent the escape of the fluid.

Every galvanic apparatus should have a current selector, to bring into circuit any required number of cells. It should be so arranged as to allow one cell at a time to be introduced for at least a portion of the series, an increase of more than one cell being sometimes not admissible.

Rheotomes or current interrupters, both to work by hand and automatically, are essential. A commutator is also of value. This is an interrupter and something more; being a contrivance for breaking the current and reversing its direction, without removing the electrodes from the surface of the body. This process of voltaic or galvanic alternation, as it is called, is one of the most powerful means of stimulating a nerve or muscle known to the medical electrician. A galvanoscope, for determining the presence and direction of a current, is a useful attachment.

Rheostats are instruments for regulating with great exactness the strength of a current, by intercalating or introducing into the circuit graduated resistances. The subject of conductivity and resistance will hereafter be studied in full; and I will only say here, that by increasing or diminishing the length of circuit, the current strength can be modified as desired. The longer the wire through which the electric force is acting the weaker the current. The wire rheostat, the one, for example, used by Brenner, is constructed of wires of different lengths, and is so arranged, mechanically, that a single unit, a thousand units, or any intervening number of units of resistance can be interposed. For many cases in general practice such a rheostat may not be necessary; but it is an admirable adjunct in strictly scientific electro-therapeutics. Highly interesting experiments have been made on the auditory apparatus with the assistance of wire rheostats. Water rheostats, in which the current is modified by causing it to pass through different thicknesses of liquid, are cheaper than those of

wire, and can be made to serve a useful purpose.

I will now pass on to the discussion of the requisites and merits of a faradic machine, or induction coil.

In the first place, as the battery is the primary source of power, it is important that the faradic apparatus shall have sufficient cell power. In some of the instruments in the market the batteries accompanying the coils are weak and unreliable. Some of the best machines have two cells enclosed in the box. These can be united when great power is required, or one can be used independently of the other. The Galvano-Faradic company supplies an electro-magnetic apparatus of this kind. In Flemming & Talbot's best faradic machine both elements can be removed by a simple and easy process, when not in use; and hence they are able to employ long zincs, making two cells unnecessary.

I do not intend to enter now upon the discussion of the question whether the currents from the primary and from the secondary coil are essentially different in their physiological, and hence, in their therapeutical action. I will merely say that, in the present state of our knowledge, a first-class medico-faradic machine should have both coils. The relations of the two coils to each other, and to the magnetic core, should be carefully calculated in the construction of the apparatus, in order that the current afforded shall have a wide range of power, and be capable of ready and exact graduation.

Every faradic instrument should have a thoroughly reliable method of regulating the electric current. The operator should be able to command at will a current of any strength, from the very finest to the most powerful. The current strength, in some cases, is modified by moving the secondary helix in and out upon the primary; but an objection to this plan is, that if, when the electrodes are connected with the outer coil, they should accidentally be touched before the latter is withdrawn, a serious shock might be given. A hollow metallic tube or cylinder sliding over a coil or magnet will modify the current or magnetism. In what is known as Duchenne's volta-faradic apparatus two cylinders are employed, one movable upon the primary and the other upon the secondary helix. The magnetic core is also movable, and gives an additional means of graduating strength, or it may be withdrawn entirely, so as to study the influence of the other graduators independently of temporary magnetization. Perhaps, on the whole, the most convenient mode of regulating the amount of electricity is by the tube or cylinder, which is movable upon the magnetic core, by which either the primary or secondary current is gradually augmented. For very fine graduations, a water-rheostat may be added.

The rheotome, or contrivance for interrupting the current, which is also known by such names as cut-current, break-piece, current-breaker, and the like, is a highly important part of the faradic apparatus. It is quite necessary to have an arrangement for producing both slow and rapid vibrations, and for increasing or diminishing the rapidity of these vibrations. In some varieties of paralysis a slowly broken current is the only form of faradism that will do any good; and, on the other hand, a very rapidly interrupted faradic current, applied by the moist hand, is of great value in some headaches and neuralgias. Manufacturers are beginning to recognize the importance of this matter, neglect of which has done much towards bringing electro-therapeutics into unmerited disrepute. Instruments are now constructed with double levers, by means of which oscillations hundreds of times per second, or as slow as one per second, can be obtained.

I will conclude the lecture with a few considerations which will apply either to galvanic or to faradic instruments. The apparatus should be compact, convenient, simple of construction, and easily put into and out of service. In some of its forms it should be portable. It should be as free as possible from acid vapors. A measure of elegance is desirable, but utility should not be sacrificed to it; nor should it be allowed too much to increase cost. Above everything it should be well made; solid and substantial work being of the utmost value. Whether foreign or home made, it is of great importance to have apparatus which has been thoroughly constructed; for it may embrace valuable scientific and practical ideas, and yet be so slighted in the process of manufacture as to be almost worthless.

—One of Ambroise Paré's applications to wounds, was a "balsame of boyled whelpes and wormes."

Communications.

A CASE OF COMPLETE RUPTURE OF THE UTERUS AND VAGINA, WITH RECOVERY.

BY G. F. JENKINS, M. D.,
Of Keokuk, Iowa.

Mrs. E., aged 30, of American birth, and of a nervo-phlegmatic temperament, had always been in rather delicate health; had been delivered of four children at the three previous confinements; the last one occurring about two years ago, at which time she was delivered of one living, and one still-born child. All previous labors had been perfectly natural, and not unusually severe.

Her previous history, and that relating to her health since she last became pregnant, I have learned from her since she has so far convalesced as to be able to talk without interfering with her recovery. During this last pregnancy she had been in very poor health; had felt a constant pain in the left lumbar region, many times so severe she could hardly rise from her seat. She was taken with labor pains about 3 o'clock A. M., December 24th, 1876. Her pains were not natural, but, as she described them, of a burning, sickening character. They continued about this way, not many labor pains, but a great deal of suffering, till after 6 o'clock A. M., when she had a very hard, long-continued bearing-down pain, and felt as though the child was pressing low down, and would soon be born. This was followed, after a short interval, by another of the same character, only more severe, and when seemingly at its height, she felt something give way, the forcing ceased, but was followed by a constant sickening pain, intense suffering, restlessness and anxiety, with profuse flooding, fainting, and rapid collapse.

About two hours after the occurrence of this accident I was called to attend her. The messenger, her husband, informed me, before reaching the house, that she was flooding badly, and had fainted; that there was a midwife in attendance, and she had requested him to come for me, as "there was something wrong." Learning that the woman was undelivered, and from these statements, I concluded I had a case of *placenta prævia* to deal with.

Upon my arrival I found her lying on her back, her face blanched and bathed in cold perspiration, her eyes sunken, and her whole countenance too unmistakably expressing the fact that life was fast ebbing away. The profound collapse, and the formation of firm coagula in the laceration and vagina, had, for the time, partially checked the hemorrhage. The feeble, flickering pulse plainly indicated that the column of blood was barely sufficient to stimulate the heart to action. My patient being in this critical condition, there was evidently no time for consultation with the midwife in attendance, to ascertain the previous history of the case. So, acting on my preconceived notion, that it was a case of *placenta prævia*, I drew my coat, bared my arm, and oiled it, intending to tear through the placenta and grasp the feet. On passing in two fingers I could feel no child, nothing but clots of blood, and what I supposed to be the placenta detached on one side. I immediately passed the other hand over the abdomen, and was surprised to find how distinctly I could outline the position of the child. It lay crosswise, on a level with the umbilicus, with the back upward, the head to the right, and the feet to the left side. I accounted for this unusual condition of things, by the profuse hemorrhage producing complete relaxation of the uterine tissues.

Having thus easily located the feet, I passed the hand into the vagina, turned out the clots, passed it on, as I supposed, through the relaxed os, and around the partially detached placenta. To my surprise, at this point, however, my hand came in contact with the promontory of the sacrum, and by following the vertebral column a little further up I felt the pulsations of the abdominal aorta at its bifurcation. Of course, I now immediately realized that I had to deal with a case of rupture of the uterus, extending from the posterior lip of the os, upward; that my hand was really in the abdominal cavity, and not far from where I had located the feet. I instantly resolved that the correct line of practice was to pass the hand on till I could grasp the feet, and deliver as quickly as possible. I easily succeeded in getting hold of the feet without rupturing the membranes. I drew them down into the vaginal canal, after which I pinched the membranes between the thumb and finger nails, and in this way succeeded in evacuating the liquor amnii. This unusually tough condition

of the membranes is the only reason I can give for their not rupturing before the child escaped into the peritoneal sack. When I had the child well down into the vagina, so as to act as a tampon to the bleeding vessels, I paused for a few moments, and ordered a teaspoonful of the fluid extract of ergot to be given, for the purpose of stimulating uterine contractions and arresting hemorrhage. I thought a few moments' delay would give the mother a better chance for recovery, and as there was no sign of life in the child, its safety was not taken into consideration. After having waited a few moments for uterine contraction, I delivered her, without difficulty, of a male child, weighing about nine pounds. She was given another dose of ergot, and the placenta immediately extracted by traction on the cord, assisted by pressure applied to the uterus according to Crede's method. The uterus contracted quite firmly, and hemorrhage was not at all alarming. Soiled clothing and bedding were removed, as far as could be without exertion on her part, a dry folded sheet placed under her hips, and a warm napkin applied to the vulva; after which a firm binder, with compress over the hypogastric region, was applied.

Having thus made her as comfortable as possible, I instructed the nurse to keep her perfectly quiet, on her back, with her head low, till I returned. Before leaving, however, I wrote a prescription, a teaspoonful of which was to be taken every four hours, and oftener if pain was severe; each dose contained one-fourth of a grain of morphine and four grains of quinine.

When I returned, about six hours after delivery, I found her suffering intense pain, notwithstanding she had taken the medicine as directed. Upon examination I found that reaction had taken place, and that peritoneal inflammation had already set in. Her pulse was 130 per minute; there was marked tenderness over the entire abdomen, and tympanitis; she lay on her back with her limbs drawn up, and in fact, she presented at this early period all those alarming symptoms that denote an invasion of that formidable and dreaded disease, puerperal peritonitis. I had expected inflammation, and was prepared to fight it as long as life lasted.

I immediately prescribed tincture verat. viride in five-drop doses, to be given alternately with the anodyne and antipyretic mixture above given. I will not detail the symptoms as they occurred from day to day, but will describe some of the more important features characterizing the attack, and the treatment relied upon to conduct it to its favorable issue.

The abdomen became distended to its utmost; tenderness exquisite; pulse rose to 150 per minute, before we got her fully under the influence of the veratrum; vomiting did not occur until the arterial sedative had fully asserted itself, and the pulse was reduced, and then it did not become at all troublesome or uncontrolable.

Turpentine stupes were applied to the abdomen, whenever pain became excessive, and allowed to remain as long as they could be tolerated, and after their removal, hop fomentations were used vigorously. This constituted the treatment as long as inflammation lasted. Carbolic acid injections were used twice daily, to gently syringe out the vagina, and thus disinfect the discharge. The discharge continued to be abundant and very offensive for about sixteen days, after which time it rapidly became less profuse and ceased to be purulent.

There never was any secretion of milk; the breasts soon becoming perfectly flaccid. The treatment secured constipation of the bowels, which were moved for the first time, by an enema, on the tenth day. She was encouraged, from the first, to take beef essence and other concentrated nourishment freely. After the inflammation had subsided, she was given twenty drops of tincture ferri mur. three times daily; also, ergot, bromide potassium, and compound tincture cinchona, in combination.

At the time of delivery I was unable to exactly locate the seat of the rupture, without making, in my opinion, injurious and unwarranted manipulations. I knew it was posterior, and extended from the cervix, well up the body of the uterus. I had felt a laceration of this character, after extracting the placenta. But about ten days after delivery, upon making a vaginal examination to ascertain the condition of the parts, I found that the rent had extended about an inch and a half into the vagina. I could distinctly feel the seam-like cicatrix, still indurated and covered with granulations, passing upward through the vaginal portion of the cervix uteri—which it had almost obliterated—posteriorly and to the left side of the median line.

She has convalesced very rapidly, considering

her extreme exsanguinous condition, and subsequent violent attack of peritonitis.

Had I been in attendance upon the case previous to the rupture, I could not have possibly mistaken it for a case of placenta prævia. But not being called for nearly two hours after the child had escaped into the abdominal cavity, the profuse hemorrhage and violent collapse, occurring in an undelivered woman, called to my mind a case of placenta prævia I had attended on a former occasion. The previous history, of course, had it been obtained, would have elucidated the case.

In the treatment of the subsequent peritonitis, I followed the recommendations detailed by Professor Fordyce Barker, in his excellent work on puerperal diseases.

In reference to the cause, pathology, frequency, and general history of this the most fearful and fatal of all accidents met with in the practice of midwifery, I cannot do better than refer the reader to Leishman's recent work on obstetrics, or to that of Churchill, which contains complete and well authenticated statistics upon the subject.

Taking into consideration the condition of this woman during the term of pregnancy, her delicate health, the fixed pain in the left lumbar region, together with the burning, stinging character of the pain at this spot after labor had really set in, I think there must have been, as a predisposing cause, more or less inflammatory action at this point during pregnancy, producing softening, and an unyielding condition of the uterine walls where the rupture occurred. The exciting cause was undoubtedly the abnormally violent and long continued determined effort of the womb to expel its contents during these last two pains, the os uteri being in an undilatable and rigid condition.

ANTISEPTIC SURGERY.

BY J. B. GARRISON, M. D.,
Of De Witt, Arkansas.

Since the publication in the MEDICAL AND SURGICAL REPORTER, some years ago, of a series of articles relative to the simple method employed by myself to secure primary union in wounds of a certain nature, I have extended the range of its applicability to capital operations of such gravity that I think a report of a few of the cases may not be uninteresting to the profession. The method referred to above consists in securing exact, firm apposition of cut surfaces, using no sponges, but instead, old linen or cotton cloths dipped in carbolized water, using carbolized ligatures and sutures, and the subsequent constant application of a solution of carbolic acid, two drachms to the pint of water, ordinarily of the temperature of the body in health. Those who desire a more extended explanation of the usual method employed, can find it in a communication published in the REPORTER in the spring of 1873. I frequently use a modification of the above treatment in cases where the solution of continuity does not extend to any great depth, and for other reasons, which will be explained in the report of cases appended :—

CASE 1.—Mrs. Josephine P., aged 22, had a large fibrous tumor of fifteen years' growth, covering almost the whole of the right side of her face and neck, having its origin in and its base attached to the parotid gland. After a week's preparatory treatment, I removed it (May 17th, 1875), in the presence of and assisted by Drs. E. Visart, J. H. Hutchinson, John A. Morgan, George McCarty and M. McCarty. The operation was commenced by a straight incision down upon the tumor, extending from a point opposite the temporal fossa nearly to the clavicle, and on a line anterior to the course of the external jugular vein. By a close and careful dissection none of the large vessels were cut, and the only considerable hemorrhage was from some half dozen nutrient arteries and from the point of attachment to the parotid gland. This was controlled by torsion and compression. After the removal there was a large amount of redundant tissue hanging sacculated on either side of the incision, and in consequence I did not even hope for primary union. Nevertheless, I applied constantly the carbolic solution, crowded the loose hanging tissue into the space previously occupied by the tumor, and kept it there by means of a compress made of small shot distributed between layers of carded cotton. Not one drop of pus formed after this; union was perfect in the line of incision in 24 hours, and there is now but a faint line left as an evidence of the once horrible deformity.

CASE 2.—During the month of August, 1875, I was sent for by Dr. Parker, of St. Charles, to see a patient, John George, aged sixty, fisherman. He had been shot through the leg some three weeks previously, and from inattention

mortification ensued. On my arrival I found the limb gangrenous to the knee, pulse 160, and very feeble, and the patient apparently *in extremis*. He was lying in a wretched hovel on the bank of the river, and the weather was excessively hot and sultry. I immediately commenced giving him brandy and morphine to get his condition up to the operating point. (I invariably give an opiate and an alcoholic stimulant in every case before chloroforming.) About four o'clock P. M., a table was improvised by sticking the ends of a couple of planks in a crack of the cabin, on its shady side, the opposite ends resting on a barrel. A great many of the citizens of the town flocked to the scene, several of whom gave me material aid, one chloroforming, another managing the tourniquet, and others holding and steadying the limbs. I amputated the thigh at the lower third in the usual flap manner, except that the flaps were cut *shorter* and *thicker*. The reason is obvious. No water was used in sponging except the carbolated; the arteries were tied very tightly with carbolized ligatures, and the flaps firmly drawn together and accurately coapted, and kept so by deep, continuous, uninterrupted sutures, tightly drawn. A compress of several thicknesses of old linen was placed over the stump, and over and around it a firm supporting bandage. I then elevated the stump at an angle of forty-five degrees and directed the continued application of the carbolated water. Perfect union took place at once. No suppuration occurred even in the track of the ligatures and suture, which Dr. Parker removed on the fourth day. The patient was going about on his crutches in a week.

Dr. Treadwell, an accomplished surgeon, living on the Arkansas river, some years since performed an amputation at the shoulder joint, used the carbolated solution, and got union by first intention.

Last summer I removed a tumor from a boy's thumb. I diagnosed it as cartilaginous, but, to my great surprise and vexation, I found around its base a rim of the hardest bone I ever tried to cut. It took me a long time to get it smoothed down to my notion; the joint was opened while at it, nevertheless I treated the wound in my usual way, and contrary to my expectation it was well in three days, though the joint was a little stiff for a few weeks. I recently amputated two fingers at the metacarpo-phalangeal articulation, without subsequent suppuration. These cases show the adaptability of my method to joint amputations. I would remark here that in all my recent cases of amputation, I have practiced torsion of the arteries as recommended by M. Tillaux, of the Hospital of St. Antoine, Paris, and greatly prefer it to ligation. I will now briefly notice some cases in which a modification of the above treatment was used.

Case 1.—Joe Davis, aged thirty-nine, colored burglar, on the night of November 19th, 1876, was shot in the back with a conical ball from a Colt's revolver, a size smaller than the navy. I saw him a few hours afterward. He was a robust, athletic, full-blooded negro; was pulseless; respiration hurried and spasmodic; expectorating blood. Gave him an opiate and whisky, and on examination found that the ball had entered near the inferior angle of the left scapula, passed through the lung, and could be felt between the ribs just beneath the left nipple and over the heart. I proceeded immediately to cut it out, and carbolized both wounds thoroughly by introducing small cloths saturated with the solution, *ut supra*. Then I pinched together the tissue around the bullet hole, and sealed it up by repeated layers of isinglass plaster. The wound made for the removal of the ball was treated in the same way. When the plasters wore off there was no sign of pus, and the wounds were healed. The pleural cavity was full of blood when I first saw him, but the fluid portion of it must have been absorbed, as he gradually improved, the lung regained its lost resonance, and I discharged him from treatment on the twelfth day after the injury. It is a mystery to me, and was also to Dr. Visart, who saw the case with me, how the bullet escaped his heart. I gave him calomel and Dover's powder, with quinine and stimulants for several days at first. His appetite was never impaired nor did he have any fever or elevation of temperature.

Case 2.—November 3d, 1874, J. H. M., Esq., was struck once in the forehead and twice on the cheek with an instrument known as "brass knucks," each blow cutting to the bone. The wounds inflicted by this weapon are peculiar in their nature, being incised, lacerated, and contused. Under ordinary treatment they are difficult to heal, suppurating freely and leaving unsightly scars. I furnished him with the carbolized solution, and let him apply it himself constantly

for two hours, at the expiration of which time I approximated the cut surfaces accurately by means of small strips of isinglass plaster, and over these applied repeated layers of the same, broad enough to extend an inch around the wounds. This was the only dressing ever applied to them. When the plasters came away a red line only marked the places, and to-day there is not a trace of them.

These cases are selected at random from hundreds that have come under my observation in the last ten years, and the results are not exceptional but invariable. Quite a number of physicians have reported a success equal to mine, with the same treatment.

I do not claim to have discovered a ray of new light on this subject, but only to have somewhat systematized a method of procedure in dressing fresh wounds, than which a better could not be, for it never fails. Try it.

ON THE ADOPTION OF THE METRIC SYSTEM.

BY CHARLES CARTER, M. D., PH. G.,
Of Philadelphia.

The objections to the general adoption of the metric system, in prescriptions, are:—

First. The difficulty in converting the old system of weights and measures into it. To express the value of the system in which we have learned the proper doses of medicines, and how to apportion them in prescribing, into the kilogramme, hectogramme, decagramme, gramme, decigramme, centigramme, or milligramme, would consume too much time, even with the aid of a table.

Second. The possibility of omitting the proper decimal points, or ciphers, in the prescription, or of their becoming rubbed out, if written with pencil; also, the possibility of the gramme being mistaken for grain, if abbreviated to gr. or grm.

To overcome these objections, I would propose the use, in prescriptions, of the gramme *only*, with its multiples and fractions, excluding the employment of all decimal points and ciphers.

The value of the gramme, being about fifteen and a half grains, is easily remembered, and can be readily adapted, without any confusion, to present weights and measures, even to the ordinary domestic measures of tea and tablespoon.

In medical literature we occasionally see the fraction of a gramme mentioned. I can see no objection to its division, and it would help us to have it generally understood that, in using such division or fraction of a gramme, sixteen grains be taken as the standard. The practical difference between this and the actual standard is very slight. Then let it, also, be understood that, in the *multiples* of the gramme, fifteen grains will be taken as the practical standard. We see, then, that one sixteenth of a gramme is equivalent to one grain, or minim; four grammes to one drachm, or a teaspoonful; sixteen grammes to a half-ounce, or tablespoonful; and thirty-two grammes to one ounce.

As has been suggested,* the word grammes should be printed on the prescription blank, at the upper right hand corner, over the figures to be used. A few examples will illustrate:—

For J. S.

		Grammes.		
℞.	Morphiæ sulph.,	$\frac{1}{16}$	(= gr.j)	
	Aquæ font.,	32	(= ℥j)	M.

Dose.—Teaspoonful at night.

		Grammes.		
℞.	Potassii iodidi,	4	(= ʒj)	
	Aquæ font.,	64	(= ℥ij)	
	Syr. sarsap. comp.,	32	(= ℥j)	M.

Sig.—Tablespoonful three times daily.

For A. B.

		Grammes.		
℞.	Hydrarg. chlorid. mite,	$\frac{1}{16}$	(= gr.j)	
	Sacchar. alb.,	$\frac{3}{4}$	(= gr.xij)	M.

Divide in Chart No. 12.

Sig.—One every two hours.

For B. C.

		Grammes.		
℞.	Pulv. aloes,	$1\frac{1}{2}$	(= gr.xxiv)	
	Ext. belladon.,	$\frac{3}{8}$	(= gr.vj)	
	Ext. nucis vom.,	$\frac{3}{8}$	(= gr.vj)	
	Pulv. capsici,	$\frac{3}{4}$	(= gr.xij)	M.

Ft. pill No. 24.

Sig.—One at night.

It is understood that these prescriptions are to be dispensed by weight, according to the metric system. But the fluid measure may be easily used for fluids, in which case the prescriber could prefix the fluid, as is done by many physicians at present in the old system. The graduate measures could be marked in grammes, and on the other side the equivalent in drachms and ounces be placed, if desired.

I believe this view of the subject is practicable. It is simple, accurate, easily understood,

* *Medical Record*, December 23d, 1876.

and adapted to present standards of weights and measures, and not liable to result in any error on the part of the prescriber or compounder.

In this way, by first practically learning the value of the gramme, we will be enabled to gradually comprehend the rest of the metric system, and to understand it whenever we meet with it in medical literature. It will thus serve us as an introduction to the final adoption of the system in full, should such become necessary.

610 *Fairmount Avenue.*

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY DR. FRANK WOODBURY.

Conversational Meeting, held in the Hall of the College of Physicians, January 24th, 1877. Dr. H. H. Smith, President, in the chair.

Dr. Thomas M. Drysdale read his paper on "the Use of Chlorate of Potassa in Diphtheria and Pseudo-Membranous Croup." See page 237, No. 1046.

After passing a vote of thanks, the Society proceeded to the discussion of the paper.

Dr. J. Solis Cohen acknowledged his gratification from hearing the sentiments contained in the paper of the evening, having been particularly interested in the history of the case in which a fibrinous cast of the trachea had been expelled. In a case seen with Dr. Collins, and elsewhere reported, a patient expectorated eight distinct casts of the trachea within forty-eight hours, and he had always thought that if tracheotomy had been performed in that case, instead of sitting beside it ready to operate when absolutely necessary, that false membrane might have choked the tube and suffocated the patient. The danger from chlorate of potassa in large doses is, that it is thought to cause albuminuria, thus, perhaps, aggravating a morbid state often complicating diphtheria, where the amount of the albumen in the urine is considered to indicate the gravity of the disease. He uses chlorate of potassa in such cases, in the form of lozenges, taken freely, not given because of specific efficacy, but because it is detergent, and in this form is kept constantly in contact with the diseased structures. He had noticed that in diphtheria all the preparations containing chlorine are useful, and each have found special advocates; for instance, tincture of iron (which, like chlorate of potassa, is generally given in too small doses), muriate of ammonia, hydrochloric acid, the chlorine mixture recommended by Watson; and lastly, calomel, which is also a chlorine salt, and is supposed to exert both a constitutional and a local effect.

Dr. M. O'Hara had tried saturated solution of chlorate of potassa in diphtheria, but had seen no benefit in three or four cases. In his own child, a typical case of diphtheria, the saturated solution freely used had given no evident result; but the child subsequently recovered on the use of calomel and soda. He inquired as to the natural history of the disease; whether some epidemics are not more fatal than others, and, if in the lighter form, recovery would not follow in a large proportion of cases, whether chlorate of potassa were used or not?

Dr. Solis Cohen regards diphtheria as a self-limiting disease, in which, if the patient's strength can be kept up until the force of the poison is spent, spontaneous recovery is to be expected.

Dr. Thomas Hay reported a case of diphtheria, occurring in 1870, where he had intended to perform tracheotomy, but before doing so decided to give chlorate of potassa in large doses, with frequent inhalations of the vapor from slacking lime, (using about half a bushel at a time). Although the case (previously treated by tartar emetic and calomel) was a grave one, indeed, almost in articulo mortis, with albumen and blood in the urine; face puffy and cyanosed, and false membrane lining the air passages, under the new treatment the little girl rapidly recovered, coughing up large patches of exudation. It is believed that the cure was effected by the chlorate of potassa in large doses, and the lime inhalations, which it was noticed invariably gave temporary relief, being used thrice daily, or oftener.

Dr. Thomas Andrews had experienced, while suffering from diphtheria, great relief from the tightness and aching of the larynx, by the use of a gargle of lime water, the general treatment being tincture of iron and stimulants.

Dr. Cohen prefers the steam rising from slacking lime, as the particles of lime held in suspension by the vapor may get underneath the false membrane and actually assist mechanically in its separation and disintegration.

Dr. George Hamilton noticed that if tracheotomy had been performed in the cases mentioned, and recovery had followed, it would have been thought that tracheotomy alone saved them.

Dr. Cohen.—And had the patient died after the operation, it might be said that he would have died anyhow. He recalled another desperate case where it was regarded as the final resort, but no surgeon could be found willing to operate; the patient subsequently recovered under lime inhalations, without tracheotomy.

Dr. Benjamin Lee was gratified by observing the ground taken by the lecturer in the article read. In a paper published a few years ago, the speaker urged the importance of treating every acute sore throat as one of incipient diphtheria, that is by giving chlorate of potassa as a specific, and supporting the patient. As long as physicians regard pseudo-membranous croup as a sthenic disease, we shall have a large mortality.

The key-note in the treatment of diphtheria has been struck this evening, by the remark made that chlorine is the active agent in nearly all the successful remedies for diphtheria. Potassium offers unusual advantages as a base to carry this element into the system, as it forms other combinations readily. The speaker generally orders it in the following form, which he regards as the most efficacious mode of administration:—

℞. Potassii chlorat., ℈viij
Acidi hydrochlorici, ♏viij.

Rub these together until chlorine fumes arise, then add

Aquæ cinnamon., ad fl.℥viij. M.

This he called the chlorinated solution of chlorate of potassa, given in tablespoonful doses, or varied according to age.

Dr. J. S. Eshleman has had good results from the use of lime water by the atomizer. In a case of sthenic croup he had used chlorate of potassa with tincture of iron in large doses, but was disappointed in its results; he then substituted the compound syrup of squills with great satisfaction. In the next six or seven cases of the kind he began with drachm doses of the syrup, given until vomiting occurred, and then reduced to doses so small as just to keep the patient gently under its influence. All the cases got well. But in real diphtheria, with patches on the tonsils, offensive breath and blood-poisoning, he relies on chlorate of potassa, iron, and a supporting treatment.

Dr. Cohen being interrogated as to his treatment of diphtheria, said that his routine treatment of the disease was to place the patient in a room that was both well warmed and well ventilated, but free from draughts. The air of the apartment should be loaded with steam, by a little boiler on a gas stove, or by a bucket of boiling water into which cloths may be dipped and hung up about the room. If the chamber is too large to fill with vapor the bed may be enclosed in sheets. The patient is allowed chlorate of potassium lozenges ad libitum, and takes lime inhalations three or four times daily. We get rid of the specific products by detergent washes. Then, as to general treatment, the patient must be well nourished by strong soups, milk, and some alcoholic stimulant. In addition to this, the speaker gives, in the height of the disease, tincture of iron (two to ten drops to a child, 25 drops to an adult) every hour or half-hour until some improvement is noticed.

Dr. R. Burns favored the treatment recommended in the paper, but generally relies upon a mixture of the three chlorides—chlorate of potassa, muriate of ammonia, and tincture of iron; he has had satisfactory results from this treatment, supporting the system, giving stimulants from the beginning. He considered the blood poisoning as of more importance than the throat symptoms, and depends on systemic rather than local treatment. Having seen cases die after the disappearance of the membrane from the throat, he inquired whether death might not occur in such patients from heart clot?

Dr. Cohen said that Dr. J. Forsyth Meigs, of this city, has published the autopsies of several such cases, in the *American Journal of Medical Sciences*, some years ago, and Dr. Richardson, of London, had also called attention to this mode of death in diphtheria, confirming Dr. Burns' opinion.

Dr. Charles F. Wittig regards diphtheria as a specific disease characterized by the formation of a false membrane, after the deposition of some peculiar matter upon any mucous membrane, not being restricted to that of the fauces; it may be formed even upon the external skin, when denuded of its epidermis, as in nosocomial gangrene. It is uncertain whether this morbific agent is derived directly from the atmosphere, or deposited after it has passed, in the organism, through various changes; probably both ways are taken. As soon as the pseudo-membrane is exuded, it will be destroyed, being dissolved into a putrid matter which will not only corrode the neighboring parts, but if taken up by the absorbent vessels, may also infect the whole system. The indications for treatment are, therefore, first, during the forming stage of the individual case, to aid the general reaction of the organism against the poison by such remedies as will simultaneously promote its elimination, such as hydrochlorate of ammonia, spirits of Mindererus, sweet spirits of nitre, chlorine water, tartar emetic in sufficient doses to produce emesis; and at the period when the putrid matter has been taken up by the blood, to sustain the system and counteract putrefaction, by antiseptics, tonics and an appropriate diet. In considering the second or local indication, we are met with the question, does the systemic infection proceed from the deposit, or is the latter a mere symptom of the former? In the former case we should endeavor to destroy it by all means, employing caustics, both alkalies and mineral acids, in their dilution, nitrate of silver, sulphate of copper, alum, and, especially in the milder forms of the disease, the salts formed by hydrochloric acid with potassa or soda; in the latter case, on the contrary, it is sufficient to use astringent gargles and the milder application of lime water, a solution of borax, chlorine water, etc. The former method is, however, preferable to the latter, since the deposit, when not removed, will be sooner or later dissolved into putrid matter, thus, probably, aggravating the affection.

Dr. Hilliard relies on chlorate of potassa in diphtheria, giving young children three to five grains every two to three hours; adults, ten grains every three hours. To infants, he administers it with sugar, in a powder, rubbed on the tongue. After the height of disease he changes treatment to quinia and iron, and stimulants. During an epidemic in Salisbury Township, some years ago, while he was a stu-

dent, his preceptor, Dr. Rice, who saw from eight to fifteen cases daily of diphtheria, was accustomed to depend on the chlorate of potassa.

Dr. Drysdale had heard, during the discussion, only one serious objection to the use of chlorate of potassa in large doses, and that was, that it has been known, in cases of overdose, to cause congestion of the kidneys. In answer to this he would say that he had carefully observed the effects of the chlorate upon the urine, and had never seen it cause albuminuria, or to aggravate it, where it previously existed. In Dr. O'Hara's child it has been said that the system was saturated with the chlorate, and that it did not cure at the time, but as the child afterward recovered, the chlorate probably had something to do with it. Chlorinated water he has used internally, and as a gargle, but thinks it possesses no particular advantage. Tincture of iron is not indicated in the early stages, but is valuable in the later, especially where kidney complications arise. Some years ago he used lime freely, but saw no better results from it than from simple steam; now he generally uses steam only after tracheotomy. In all the cases in which he had had the opportunity of using the chlorate in the manner indicated he had met with a uniformly successful result.

Editorial Department.

Periscope.

The Retention of Images by the Retina.

We learn, from the London *Medical Record*, that in a recent publication, Dr. Kühne, Professor of Physiology, in Heidelberg, announces the startling confirmation of his previous researches, afforded by his having been able to obtain actual images on the retina which corresponded with objects which had been looked at during life.

The discoveries of Boll and Kühne must, as the latter remarks, have led to the thought that after all there might be some truth in the stories which we all have heard of images of things seen in death being left imprinted upon the eye. After his first researches, Kühne endeavored, over and over again, to observe on the retina of rabbits bleached spots corresponding to the images of external objects, but his endeavors failed.

As Kühne remarks, and as all readers who have understood his experiments will allow, in order to obtain a permanent photograph, or, as he terms it, "optogramme," the effect of the light would have to be so prolonged or so intense as to destroy the balance between the destruction of the vision-purple and the power of the retinal epithelium to restore it.

Kühne took a colored rabbit, and fixed its head and one of its eyeballs at a distance of a metre and a half from an opening thirty centimetres square, in a window shutter. The head was covered for five minutes by a black cloth and then exposed for three minutes to a somewhat clouded midday sky. The head was then instantly decapitated, the eyeball which had been exposed was rapidly extirpated by the aid of yellow light, then opened, and instantly plunged in 5 per cent. solution of alum. Two minutes after death, the second eyeball, without removal from the head, was subjected to exactly the same processes as the first, viz., to a similar exposure to the same object, then extirpation, etc.

On the following morning the milk-white and now toughened retinæ of both eyes were carefully isolated, separated from the optic nerve, and turned; they then exhibited on a beautiful rose-red ground a nearly square, sharp image, with sharply defined edges; the image in the first eye was somewhat roseate in hue, and less sharply defined than that in the second, which was perfectly white. The size of the images was somewhat greater than one square millimetre.

Professor Bunsen was among the witnesses of this beautiful experiment.

The Early Symptoms of General Paralysis.

Remarking on the large increase in this disease of late years, the *Lancet* asks:—

What is the first discoverable symptom of general paralysis? Enough is known to hazard the conjecture that some slight paralysis of the muscles of the lip, the nose, or the larynx, will be one of the earliest indications. Probably the loss of power may, at the outset, be limited to a few fibres of the muscle or muscles affected, and the sort of impairment which produces tremulous action—unbalanced and therefore unsteady contraction—will be manifested. Inequality of the pupils—perhaps from paralysis of the radiating fibres of the iris on one side—is a familiar but uncertain symptom, of no value except as corroborative. It may occur early, late, or not all. The catch in the voice produced by paralysis of a muscle or muscles concerned in articulation is a very common sign, sometimes occurring almost alone, and before the mind symptoms; but this, again, cannot be trusted. Such gross indications of locomotive embarrassment as a limp in the gait, from loss of power in the back or limbs, are probably, except in cases setting in with un-

wonted severity, not to be expected. The whole subject, however, is so involved that nothing certain can be said, except that in practical acquaintance with the affection and the means of early diagnosis we are strangely and most grievously in the dark. The sum of the information collected by writers on the disease is exceedingly small, and of that little no inconsiderable portion is confessedly based on conjecture. It cannot be otherwise, seeing that general paralysis is neither under the ken of the specialist, nor a malady which physicians in general practice consider within their province.

The characteristic exaltation of ideas which so frequently occurs as the first manifestation of brain disturbance probably marks a somewhat advanced stage of the disease, although in practice it is generally one of the earliest indications observed. As a rule, of course, it is not until the appearance of mind symptoms the affection falls under the notice of the alienist. The practical question is, what happens before this mental outburst? If the mystery is solved, it must be by the aid of the general practitioner. The early signs of the disease are of a nature which do not, in the present state of our knowledge, point to the issue, or even suggest the existence of a serious morbid process sapping the springs of life.

Cold in Typhoid Fever.

M. Petis, of Paris, in an address before the Medical Society of the Hospitals, said, in reference to this method of treatment, that, to his mind, the theory of cold recalls an old method, which made a great noise in its time, viz., bleeding. This doctoring rejects medical ontology. The hyperthermia alone is considered, and is the monster to be destroyed. The hyperthermia is only a symptom—a morbid element, and nothing more. The cold bath abstracts only the caloric, whilst the age, sex, and temperature of the patient are not considered. It is not, then, properly speaking, treatment. Every simple formula in pathology and therapeutics is doubtful. The following complications might result from its use:—

1st. Epistaxis, intestinal hemorrhage, the latter being observed five times in twelve cases where the system was adopted.

2d. Renal congestion and albuminuria.

3d. Congestion of the lungs.

4th. Syncope, from weakness of the heart's action.

When the blood is driven from the periphery, where does it go? To the least resisting part, and hence such accidents as above mentioned.

The Value of Hot Water Uterine Injections.

Dr. James Cody, of Watertown, Wisconsin, says, in the last volume of the Wisconsin State Medical Society *Transactions*:—

I have treated two cases of abortion with hot water injections, and with marked success; the flowing was very excessive in both cases; ergot had been given; also ice applied to the lower part of the spine, and small pieces introduced into the vagina, in one of the cases. Ipecac was given to produce emesis, but all was of no avail. In both of the cases the symptoms became alarming; after each pain the blood would flow in torrents, as it were, followed by syncope, the patient for the time becoming pulseless. The treatment by hot water injections recurring to my mind, although to me a novel procedure, I thought to give it a trial, and, to my great surprise, it acted like magic. In a few minutes all flowing ceased, and in less than half an hour the fœtus and secundines were expelled, and all bleeding ceased. Both ladies made an excellent recovery.

In eight cases of menorrhagia, in which the flowing was very profuse, the hot water injections proved most beneficial. In every case it controlled the flowing; in a few of the cases the treatment had to be persevered in for some time; many of the cases were of long standing; the injections were used once or twice a day. I have treated a few cases of dysmenorrhœa with the hot water injections, and apparently with much relief and benefit to the patient; yet my experience extends to but a few cases. In profuse menstruation no treatment has been so successful in my hands.

Precautions in Using the Hypodermic Syringe.

In the last volume of the *Transactions* of the West Virginia State Medical Society, Dr. John Frissell relates a case of mammary cancer proceeding from the puncture of a hypodermic syringe. He adds the following directions regarding the use of this instrument:—

In the first place the needle is to be polished and washed until it becomes perfectly clean and smooth.

Secondly, after thoroughly cleansing the inside of both needle and syringe, the fluid to be injected is to be slowly drawn in.

Then, thoroughly anointing the needle with a solution of carbolized glycerine (glycerine eight drachms, carbolic acid one drachm), the skin at the point selected for the injection is to be seized between the thumb and forefinger of the left hand, lifted up and made tense, and the needle pushed through at right angles, taking special care that its point neither touches muscle, gland, or other solid tissue. The fluid should be then slowly injected into the cellular tissue. After the withdrawal of the needle, a finger should be placed over its point of entrance and the part rubbed and pressed until it becomes perfectly smooth and flat.

Should there be any irritating ingredients in the injected fluid, their action, of course, must be regarded as independent of the condition of needle and syringe.

When I have been careful to follow strictly the directions above given, in the use of the hypodermic syringe, I have seen neither sores,

tumors, abscesses, nor bad results of any kind follow.

Carbolic Acid Spray in Catarrhal Diseases of the Respiratory Organs.

Dr. Moritz, in a communication to the Medical Society at Pittsburg, quoted in the London *Medical Record*, states that during the spring of last year he used carbolic acid spray with benefit in catarrhal diseases of the respiratory organs. Having had much to do with carbolic acid, and especially the spray, he noticed that the bronchial catarrh with which he was frequently troubled did not occur, or that, if it began, it was soon arrested. A colleague of his, Dr. Asseldelfft, made the same observation. Dr. Moritz used the spray of a two per cent. solution of carbolic acid. He first tried it on two children in whom the commencement of whooping cough was suspected. After the remedy had been used two days, the slight catarrh which was present came to a stand-still, and in a few days disappeared. In several children with measles, the cough was diminished, and the nights were more quiet after the use of the carbolic acid spray. In two surgical patients also, whose lungs were in a suspicious state, the cough entirely disappeared during the frequent use of the spray. On the other hand, it was ill borne by two phthisical patients, on whom he had made the experiment of its use.

A Simple Means of Lessening the Pain Attending Blisters.

The London *Medical Record* says:—The practice of blistering in the treatment of acute articular rheumatism would meet with much more favor in this country if pain, and in certain cases, strangury and slight hæmaturia, were not inherent to this mode of treatment. A hypodermic injection of morphia relieves the pain, but has no effect upon the urinary troubles. To alleviate the one and prevent the other, M. Ernest Besnier proposes the following plan. Take care that the blister is applied in the early morning; those convenient ones which are covered with a sheet of oiled tissue-paper will cause very little suffering, and never give rise to those vesicatory or renal troubles which are now and then so severe and painful, provided the blister be removed after a few hours, five to ten at the outside, as soon as the epidermis begins to rise slightly and partly, which we may recognize by the skin becoming pearly and irritated. The plaster must then be removed (a very few hours' application is sufficient for a child or a thin-skinned person), and its place must be supplied by a piece of blotting-paper very thickly coated with cerate or cold cream. The vesication continues almost painlessly, and the blisters rise nearly as well as if the cantharides had been kept applied. The practitioner who does not disdain to attend to such minute details will gain the thanks of his patient, and more especially of those who have been previously treated by such inhuman proceedings as are common where blistering is employed.

The Treatment of Delirium Tremens.

The following recommendations on this subject are made in the *American Practitioner*, by Dr. L. P. Yandell, Jr:—

Alcoholic stimulants are not justifiable in the treatment of this malady, except they be necessary to save life. Confinement without sedatives or stimulants is unjustifiably cruel. Chloroform is dangerous; so is the cold douche. Digitalis is the proper remedy when the urine is deficient and albumen is found in it. It has been given in half ounces of the tincture; drachm doses every few hours I prefer. Opium is a good remedy where the kidneys are acting well, and albumen is not present; otherwise it is dangerous. Sometimes opium increases delirium and insomnia. The best treatment, according to my experience, is an emetic of ipecacuanha to begin with, if the stomach is irritable or foul; a mild purgative, if the bowels are constipated; digitalis, in infusion, if the kidneys are inert; bromide of potassium in large and often repeated doses during the day. Give drachm doses, in abundant water or milk, hourly or every two or three hours. Chloral hydrate, in fifteen or twenty grain doses, in a dessertspoonful or a tablespoonful of syrup, and this, with an equal quantity of cream, should be given hourly at night, till sleep is procured. Of course the dose may require to be increased.

Look to the digestive organs carefully, and assist, encourage, and stimulate them, if necessary; stimulate them by condiments, aromatic and bitter tonics, and the like. Baths, warm or cold, often afford comfort to the patient. Make the unfortunates as comfortable as possible, and cross them as little as you can. Let the nurses humor them, and not dispute with them. Let them have quiet. Noise and visitors are abominations in any sick room, and especially should be excluded when we have disturbances of the nervous system to manage.

Treatment of Paraphimosis.

Dr. J. C. Watson suggests this manœuvre, in the *Southern Medical Record:*—

The œdema which takes place in the glans, as well as in the loose tissue above the stricture, can, by well applied pressure with the hand or fingers brought to a cone, be readily overcome in a few minutes, and with little or no pain to the patient, and then by a sudden and dextrous movement the everted prepuce can be brought forward over the now much reduced glans, and your patient may now be up and "go his way rejoicing," while in the plan of reducing the trouble by cold applications, astringents, etc., or later, by the knife and scissors, much delay is brought about, and frequently much pain endured.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Report on the Influence of Climate on Pulmonary Diseases in Minnesota, by Dr. Franklin Staples, made to the American Medical Association, has been reprinted in pamphlet form. It is favorable—we are inclined to believe too favorable—as regards the benefit of the Northwest to consumptives.

——"The Sanitary Relations of Hospitals," is the title of a thoughtful paper, by Dr. William Pepper, of this city, republished from the *Transactions* of the American Public Health Association.

——Dr. Horatio R. Storer, of Boston, is the author of an excellent article, republished from the Edinburgh *Medical Journal*, on "The Importance of the Uterine Ebb as a Factor in Pelvic Surgery."

——"The Use of Uterine Supporters," is the title of a pamphlet, by Dr. Clifton E. Wing, of Boston. He advocates them, but believes that many that are lauded are worthless, and that to adjust them requires much more skill than is generally supposed.

——We also acknowledge:—"Considerations in Relation to Diseases of the Joints," by David Prince, M. D.; "Annual Report of the Western Pennsylvania Hospital for the Insane;" do., 12th Ward Department.

BOOK NOTICES.

The Tonic Treatment of Syphilis. By E. L. Keyes, A. M., M. D., etc. New York, D. Appleton & Co.; cloth, pp. 83.

To treat syphilis by mercury is not new, nor is it new to treat it by tonics; but what Dr. Keyes claims as new is that mercury itself, in *small doses*, is a tonic, and a very efficient one in constitutional disease from this cause. His present short monograph is an enlargement of one or two articles previously given to various medical journals. He devotes two chapters to general treatment; one to local. The results, he thinks, have been superior to those by the old methods. Two or three years is the time he asks to complete the cure.

The novelty in Dr. Keyes' treatment may be briefly stated to be this; the daily amount of any given preparation of mercury beyond which the patient cannot go without the aid of opiates is his *full dose;* if long continued, the effect of this will be damaging to his constitution, and such an amount should not be pressed beyond the disappearance of the worse symptoms. One-half this amount is a *tonic dose*, and on this he may remain for an almost indefinite period, at least, till all the minor symptoms have disappeared.

Propositions and Resolutions of the Association of Medical Superintendents of American Institutions for the Insane. Published by order of the Association. Philadelphia, 1876; cloth, pp. 32.

This volume, though containing but thirty-two pages, has enough matter in it to occupy a thoughtful mind much more than that many hours. It is printed in accordance with a resolution, at the last meeting of the Association to which the title refers, that a committee should be appointed to state the objects of the Association, and to "collect its utterances of opinion."

This has been done with the utmost brevity, and the "utterances" usually appear in the form of propositions. They relate to such subjects as the construction and organization of hospitals for the insane, restraint, religious services, care of insane criminals, care of inebriates, legal relations of the insane, etc.

It is safe to say that many of the positions taken will be earnestly combated, not only by the profession at large, but by alienists in other countries. For instance, there is evident, in parts, a spirit of condemnation of private asylums, whether for the insane, or for inebriates, in which we hope and believe the mass of the profession will not concur. There is also an opposition to outside control of public institutions, through a system of inspection (by "supernumerary functionaries," as they are termed by the Association), notwithstanding the fact that in Great Britain very important benefits have accrued from such inspection.

On the whole, while much in the book reflects great credit on the Association, a portion of the contents does the reverse, betraying a desire to monopolize this specialty, without willingness to answer fairly to the common weal for the stewardship of such a gigantic trust.

THE

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D. G. BRINTON, M. D., EDITOR.

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THE PREVENTION OF CRUELTY TO CHILDREN.

The aims of enlightened sanitation and philanthropy cannot be dissevered. The schemes which the friends of humanity devise to relieve misery and succor distress, all rest, if they are sound, on the principles of hygiene, and from these must receive their endorsement. Hence the physician, more than another, is called to participate in and pronounce upon benevolent projects.

One such has lately been organized in this city which, if carried out with earnestness and without obtrusiveness, must command all our applause. We refer to "The Society to Protect Children from Cruelty." The subject is one not novel to the readers of this journal. On more than one previous occasion the editorial columns of the Reporter have pointed out the need of some such authoritative association to protect that class of the population least able to protect themselves. For instance (Reporter, vol. xxvii), the injurious effects of exacting excessive labor from minor children were pointed out and proved by abundant evidence. Here, and elsewhere, such a society has a wide sphere of usefulness, and should be organized in every large city.

In its announcement the Society asserts, with force and justice, that hitherto no friendly and powerful hand has been habitually extended to rescue these little ones from lives of misery and danger, to place them under the shield of the law, and where natural protection has failed, or has been transformed into brutality, to bring them, by an order of the Court, under the merciful care of some orphan home or other sanctuary provided for the desolate and oppressed. It is no part of the Society's duty to interfere between parent and child, guardian and ward, master and apprentice, but only, where relations of authority and of trust have been grossly violated, to make that appeal to Courts of law which the subjects of its compassion are too young and too helpless to make for themselves. To quote the recent testimony of a detective, "hundreds of cases of cruelty to children would come to light under a well organized society, which would otherwise not be made public." It is for the purpose of bringing these clearly defined instances of cruelty or neglect into contact with existing laws, that this Society is formed. It desires to pursue its work not vindictively, but in a spirit of justice and mercy; and with no sectarian bias, but simply in the interests of pity and humanity toward the injured and defenceless.

The particular cases where this Society is called upon to act are such as the overtasking of children in factories and mines, forcing them to the performance of dangerous and hurtful feats for the entertainment of the public, cruel usage of those serving in families or bound out to trades, the employment of them as beggars, and the exposure of them at inclement seasons, in insufficient clothing, as musicians, etc. There is much to occupy it in all these directions, and no one will claim that it is a superfluous organization.

Notes and Comments.

Genu-Pectoral Position in the Treatment of Uterine Disorders.

According to Dr. Edis, of the Middlesex Hospital, London, this method, apparently but little known and seldom resorted to, proves of much service in all cases of retroversion and retroflexion, more especially when metritis also exists. In a short time patients become accustomed to the posture, and will say that they can get more relief in one hour by resorting to this method than by lying down in the ordinary position for several consecutive hours. The uterus falls forward in the abdomen, pressure posteriorly being thus removed; the distressing pain in the back, frequently complained of in these cases, disappears within a short time. In many instances, where a Hodge's pessary cannot be tolerated under ordinary circumstances, by resorting to this position for a quarter of an hour occasionally during the day, the instrument can be worn with comfort. The genu-pectoral position, also, offers manifest advantages in the replacement of the retroverted gravid uterus; also in pressing the uterus up beyond the pelvic brim in cases of impacted fibroids. In cases of prolapsus and subinvolution, much may be gained by adopting this position. In the morning sickness of early pregnancy, and in cases of prolapse of the ovary, considerable relief may be thus obtained.

The Use of Astringents in Typhoid Fever.

The management of the alimentary canal in typhoid is certainly a subject of prime importance. Some sensible remarks on it were made lately, by Dr. Hayden, in one of the London medical societies. He justly observed that the habit was unfortunately too prevalent, of treating constipation with purgatives and diarrhœa with astringents. He thought in most instances that the object might be accomplished by unloading the lower bowel, and effecting the remainder by diet. There was one mode of treatment, blistering the ilio-cæcal region, which he had found of the greatest value. The astringent which he had found most useful in the treatment of these cases of diarrhœa was sulphurous acid, fifteen to twenty drops, with five drops of laudanum. One of the principal objects in the treatment of typhoid fever should be the regulation of the diet. Dr. Grimshaw had directed attention to the danger of administering solids too early in such cases; but as long as the temperature was above the normal standard, in his (Dr. Hayden's) opinion it was not safe to administer even a particle of solid food.

Excessive Use of Digitalis.

In the *Archiv für Heilkunde*, Bd. xvii, Dr. Bälz records the case of a woman afflicted with a high degree of mitral stenosis, who had, through a prolonged use of large doses of digitalis, so accustomed herself to the drug that without it she fell into the most miserable condition; this was almost magically removed by the exhibition of digitalis. She used daily, morning and evening, 0.3 grm. of digitalis (nearly gr. v), and had in seven years taken over 800 grm. (more than two pounds) of the preparation. There are some whose enthusiasm, not to say recklessness, may lead to similar results. We have seen cases in which the use of digitalis has been carried to excess, and even the patients led to regard it as perfectly safe for them to take almost at discretion.

Copaiba as a Diuretic.

In the last volume of Guy's Hospital Reports is a paper, by Dr. F. Taylor, on "The Diuretic Action of the Resin of Copaiba." A series of detailed clinical observations show that the resin has a very powerful diuretic influence, and has been administered with benefit in various forms of dropsy, renal and cardiac, as well as ascitic. The advantage of the resin is its tastelessness. It is given suspended with tragacanth powder.

Electricity in Ulcers.

From the last volume of Guy's Hospital Reports we learn that the treatment of ulcers by the local application of a weak, continuous electrical current has been extensively tried by Mr. Golding-Bird, who has found that as good a result is obtained as with any other gently stimulating application, and that this means will sometimes succeed when ordinary methods of obtaining cicatrization fail.

Iodide of Starch as an Antidote.

The *Chemist and Druggist* says that Dr. Bellini, Florence, observing that iodide of starch is free from the unpleasant taste and irritant properties of iodine, and can therefore be taken in strong doses by weak stomachs, states that

numerous experiments have shown that at the ordinary temperature of the human stomach, and in presence of the gastric juice, it combines with most poisons, forming therewith either insoluble compounds or soluble compounds which are innocuous, if not present in excess. It is especially useful in cases of poisoning with sulphur, ammonia, alkaline and earthy sulphides, and the various alkaloids. It is recommended, too, for its safety in cases of poisoning where the cause is unknown.

Inoculation of Cancer.

A late number of the *Centralblatt* contains an account, by Dr. Nowinsky, of St. Petersburg, of two successful cases in which a small piece of medullary cancer taken from the nose of one dog, and implanted on a healthy wound (which was afterwards cured) on the back of another dog, produced nodules at the seat of inoculation, whose structure resembled that of the primary cancer. The examination was made in one case five months, in the other six weeks, after the inoculation. A number of inoculations on inflamed skin all failed; out of fifteen on healthy skin, two succeeded.

Croton-chloral in Whooping Cough.

Dr. Wm. Paulson, a practitioner of Leicestershire, writes to the *Lancet*:—

I do not know if the administration of croton-chloral in whooping cough has any originality; but, after a somewhat extended trial, I regard it as almost a specific, and should be glad to have the opinion of other medical men as to its results. I have given it in gradually increasing doses, commencing with one grain twice or thrice a day, and almost without exception there has been a very marked reduction, both in the violence and the frequency of the attacks.

Importance of the Study of Insanity.

The *Lancet* calls attention to the general neglect of mental disease by all but specialists in the profession, and with great justice points out the serious consequences resulting from this. It is only too obvious that easily curable cases of psychical disease will become incurable, the victims of morbid despair or secret delusions will die, until the profession generally reclaims for itself a department of medicine which ought never to have been allowed to slip out of its hands. A practical acquaintance with diseases affecting the mind is as essential as any other branch of knowledge. The instant recognition and treatment of mind symptoms is even more important than the prompt diagnosis of physical maladies; and every practitioner should be prepared, not only to discover the mental state, but to apply the appropriate remedy.

Remarks on Style.

A correspondent in Tennessee suggests some further rules for writers for medical journals, in addition to those given in our issue of February 24. He objects to the frequent use of "the former and the latter," or the "first and the second," instead of repeating the topics under discussion. Such repetition may be somewhat homely, but insures perspicuity. Next he criticises the affectation of new and strange words, which so often obscure modern scientific articles. And lastly, he calls upon writers to translate the quotations from foreign languages they give.

Preliminary Injections of Morphia in Paracentesis Thoracis.

M. Vibert, as the result of several cases in which he has tried it, states, in the *Journal de Therapeutique*, that the advantages of the preliminary injection of morphia in the operation of thoracentesis, and indeed in any operation which may give rise to syncope, may be thus summed up:—1. It very much mitigates the suffering inherent to the operation. 2. It protects those operated upon from syncope, and its redoubtable consequences. 3. It obtains for them a sense of comfort, which is produced as soon as the operation is finished, which persists for many hours, and which may be prolonged by additional injections.

The Breath after Coitus.

A curious and important observation, by Dr. Preismann, of Nicolaeff, is recorded in the *Med. Beamten Zeitung*, No. 2, 1877. It is, that for about six hours after coitus there is a peculiar odor discernible in the breath, probably owing to a secretion from the buccal glands. It is perceptible in both sexes, and at all ages, though most so in the male sex at about 35 years of age. Dr. Preismann could distinguish it in some persons at a distance of four to six feet. He adds an instance of the value of this observation. A man was arrested for alleged rape,

two hours after it was stated to have taken place. On account of the absence of the characteristic odor, Dr. Preismann deposed positively that the accused had not had connection of any kind within six hours; and further investigations confirmed the innocence of the arrested party.

Correspondence.

Hepatic Abscess Aspirated with a Davidson's Syringe.

Ed. Med. and Surg. Reporter:—

With the hope of benefiting my brethren, the country practitioners, who, as a rule, cannot afford the costly luxury of a Dieulafoy's, or other aspirator, I am incited to communicate to them the following résumé of an operation performed for abscess of the liver.

Patient, Ellen A., aged six years, attacked Jan. 25th, with acute inflammation of the liver, followed by abscess of that organ. After deciding positively as to the presence of fluid, the question arose, how shall I get it out? I had no aspirator, and could obtain none; yet the offending imprisoned pus had to come out. Assisted by Dr. J. C. Spinks, the following plan was adopted, which proved an easy and efficient method of solving the difficult problem. A common blow-pipe tube, sharpened and attached to the elastic tube of a Davidson's syringe, answered the purpose of a needle. This was plunged into the cavity of the abscess after the integument had been incised; the tube was compressed near the needle, simultaneously with the compression of the bulb of the syringe, to prevent a backward action from injecting air into the abscess. The pus was safely and effectually withdrawn. With this simple device, which costs only $2 50, and which is within the reach of every physician, the operation for hydrothorax, hydropericardium, ovarian tumor, etc., can be performed as well as with the best aspirator; and he who neglects to perform them, when necessity demands it, is guilty of culpable neglect of duty, and should not disgrace the physician's high calling.

R. M. Hand, M. D.

Shubuta, Miss., Jan. 23d, 1877.

Anæsthesia by Rapid Breathing.

Ed. Med. and Surg. Reporter:—

I noticed a paragraph taken from the *Medical Record*, if my memory serves me, on the production of anæsthesia by rapid breathing, which I thought at the time was entirely new as well as unique. Since that time I came across an article by Dr. Woodhouse, Professor of Chemistry in the University of Pennsylvania, in which the same results were obtained in a different way. Dr Woodhouse, it will be remembered, was Professor in the University of Pennsylvania in 1802. He was preparing nitrous oxide gas "from the nitrate of ammoniac, made by decomposing nitre by the sulphate of ammoniac, and by adding the nitric acid to sal ammoniac."

The gentlemen of his class saw the experiments going forward in the laboratory for the generation of the gas, and they were to try the experiment of inhalation in the afternoon. The gas turned out to be impure, as the professor ascertained before the class assembled, so "the impure air was thrown away, and the air holders filled with atmospheric air."

"This air was breathed by a variety of persons, under the impression that it was nitrous oxide, and the greater part of them were affected with quickness of pulse, dizziness, vertigo, tinnitus aurium, difficulty of breathing, anxiety about the breast, etc."

The Professor received the following letter from one of the gentlemen:—

"The nitrous oxide produced no sensible effect, for perhaps the space of a minute after I began to respire it. Soon after I was affected with tinnitus aurium, which affected the sense of hearing, in the same manner as water, in a state immediately preceding ebullition, does. At the same time I had a sensation similar to that produced by swinging; afterward a difficulty of breathing gradually came on, which at length necessitated me to discontinue the respiration of the air. The difficulty of breathing and the tinnitus soon subsided, but the peculiar sensation in my breast continued some time longer, and was succeeded by slight nausea, which continued for six or eight hours."

Dr. Woodhouse attributed the effects of this inhalation, as described by his students, to the "influence of the imagination," but I see good reason to believe that it was nothing more than the effects of rapid inspiration, as described in the paragraph first mentioned.

Thomas F. Wood, M. D.

Wilmington, N. C., Feb. 21st, 1877.

An Epidemic.

Ed. Med. and Surg. Reporter:—

There is a peculiar form of disease prevailing in this locality, that seems, thus far, to baffle the diagnostic skill of all practicing physicians. It is confined principally to children. The prodromic stage usually lasts from about four to seven days, there being considerable nervousness or uneasiness exhibited, drowsiness at times, and a dry, and in some cases, a persistent cough. Then comes what I call the "cold stage," which lasts but a few hours; the extremities become extremely cold, and covered with bluish-purple spots about the size of a silver quarter. Emesis soon follows, the vomit being principally mucus, or of that appearance, tinged with green. The febrile stage is then ushered in, the axillary temperature ranging from 104 to 106°, the pulse about 140. This stage lasts from one to four days, depending upon the treatment pursued. During resolu-

tion there is a distinct mucous râle, but little or no expectoration.

Before I learned the course of the affection it would continue about four days, and then recovery would take place slowly. Now, when I am called, which is generally about the time that the disease passes from the second to the third stage, I prescribe Norwood's tincture veratrum viride, as a febrifuge and hyd. cum creta, to promote the hepatic secretions, to be followed by oil or Rochelle salts, in ten or twelve hours if there be no movement of the bowels before. Under this simple treatment all symptoms disappear and the child is about its play inside of twenty-four or thirty-six hours.

Query.—What shall we call it?

Elbert T. Rulison, M. D.

Bath on the Hudson, N. Y., Feb. 23d, 1877.

Can a Woman Carry a Child to Full Time and not be Aware that She is Pregnant?

Ed. Med. and Surg. Reporter:—

On the morning of January 31st I was called hastily (by her husband) to see Mrs. C. In reply to my inquiry, what is the matter with your wife? Mr. C. answered, I do not know, but I left her suffering severe pain. On my arrival at the house I found the patient, a young woman, aged 24 years, standing in one corner of her room, holding on to the back of a chair, beside a commode, and in the vessel of the latter, immersed in about two pints of blood and urine, head downwards and almost drowned, was a new-born male child; the placenta was still retained, and the mother held fast by the cord, which was stretched to its fullest extent. As quickly as possible I extricated the child from its very unpleasant and dangerous bath, cut the cord, and having rolled the bedstead over to where the mother stood, laid her down and soon made her comfortable in bed, after which the placenta was expelled, and her recovery was as satisfactory as in the case of those delivered in the usual way.

The child thrived, and did as well as one born amidst much more agreeable surroundings. On pressing my inquiries, the mother was very emphatic in asserting her entire innocence of any knowledge of her condition until the birth of the child, not even knowing what the pains of labor were when seized with them; she had never felt any motion; had perceived no enlargement, wearing garments with same size bands all the time; she had not menstruated for over twelve months, which was not unusual with her, yet only a week before her confinement she had consulted a physician, who prescribed for this irregularity. The truthfulness of the mother's statements are corroborated by the fact that neither she nor her husband would have any motive for concealment, as they both seemed anxious to have a child; added to this, there was no preparation made for the "event," notwithstanding the parents were persons of refinement and plenteous providers. Taking all the facts of the case into consideration, we are led to ask, Can a woman carry a child to full time, and not know that she is pregnant? If we are governed by the case of Mrs. C., we must answer in the affirmative.

Thomas S. Butcher, M. D.

Acute Gastritis.

Ed. Med. and Surg. Reporter:—

September 12th, 1876, I was called to see J. H., a woman 25 years old, who had been sick about forty-eight hours. She was complaining of a very severe pain in her stomach, constant nausea, and now and then vomiting, headache, vertigo, and very marked debility, "a fainty sickness," as she called it; very slight pressure over the epigastric region would cause pain. Pulse 85, full and strong; temperature 101°; the tongue was intensely red and swollen, bowels constipated, and kidneys not acting freely, and persistent thirst; being in the country, and not having access to the sheet anchor (ice), I resorted to other means to relieve thirst, such as lemonade, bi. tart. pot., and endeavored to alleviate the general symptoms. Ordered bi. tart. pot., to be taken ad libitum, to relieve thirst, to move the bowels, and as a diuretic. To check the inflammation I used the following treatment:—

℞. Veratrum viride, gtt. xv
Magendie's sol. (of morphia), gtt. xxv to xxx
Carbolic acid, gtt iv
Aqua menthæ pip., ℥j. M.
Sig. Take one teaspoonful every three hours.

I have used this treatment in several cases of acute gastritis, with entire satisfaction, always reducing the fever, and checking the inflammation, relieving the nausea and vomiting, etc., and think it commendable in cases where ice and leeches cannot be had.

John M. White, M. D.

Pleasant Ridge, Alabama, Feb. 15th.

Hot Water for Treatment of Sick Stomach.

Ed. Med. and Surg. Reporter:—

I notice in the Reporter several articles on the treatment of sick stomach, and seeing nothing like my own, I thought I would give a few of the many cases in which I have found speedy relief from the use of *hot* water, after the stomach and bowels were emptied, and the patient completely exhausted from vomiting and purging.

Mrs. W. After the usual treatment had failed, and continued obstinate heaving for thirty-six hours, at intervals of twenty to thirty minutes, I was called in consultation with her family physician. Found her with cold feet and hands, sunken features, pulse 140 per minute, tongue dry. I ordered half a glass of *hot* water, but she, like all such patients, protested, saying that warm water would only increase the trouble.

I remarked that I did not intend giving warm water, but hot. In a few minutes the patient was asleep and had no further trouble. Seeing such happy results in a score of cases, I would impress upon those wishing to test it to use water as hot as the patient can bear it.

Cloversport, Ky.. JAMES T. OWEN.

NEWS AND MISCELLANY.

COMMENCEMENT EXERCISES.

Jefferson Medical College.

The fifty-second annual Commencement of the Jefferson Medical College took place March 10th, at the Academy of Music. The Academy presented a brilliant and imposing appearance, the audience being extremely large, and the floral tributes to the graduates by their lady friends were numerous and exceedingly beautiful.

At eleven o'clock the Germania orchestra, under the leadership of George Bastert, commenced the entertainment with a popular selection, after which the Rev. W. Rudder, D. D., made an impressive prayer.

The conferring of the degree of Doctor of Medicine was then gone through with by E. B. Gardette, M. D., president of the Board of Trustees. The total number entitled to the degree was 198.

The following prizes were awarded:—

1. A prize of $100, by H. C. Lea, Esq., for the best Thesis, to Leonardo D. Judd, of Illinois, with honorable mention of the Theses of Samuel E. James, of Kentucky, and George A. Hewitt, of Pennsylvania.

2. A prize of $100, by Hon. H. M. Phillips, for the best Preparation of the Cranial Nerves, contributed to the Museum, to Samuel E. James, of Kentucky.

3. The Toner Medal, by J. M. Toner, M. D., of Washington, D. C., for the best Thesis, based upon original investigation, to A. H. R. Gulley, of Pennsylvania, with honorable mention of the Thesis of William L. McCandliss, of Pennsylvania.

4. A prize of $50, by the Professor of Obstetrics, for the best paper on the Obstetric Forceps, their description, and how, when, and why to use them, to Washington C. Detwiler, of Pennsylvania, with honorable mention of the papers of W. K. T. Sahm and E. W. Bing, both of Pennsylvania.

5. A prize of $50, by the Professor of Practice, for the best Report of Clinical Cases, to George A. Hewitt, of Pennsylvania, with honorable mention of the Reports of Samuel B. Arment and Charles Wirgman, both of Pennsylvania.

6. A prize of a Pocket Operating Case, of the value of $25, by the Demonstrator of Anatomy, for the best Dissection in the Anatomical Room, to Samuel B. Arment, of Pennsylvania.

7. A prize of a Gold Medal, by the Demonstrator of Surgery, for excellence in Bandaging, to Henry C. Fegley, of Pennsylvania, with honorable mention of T. M. Throckmorton, of Iowa.

8. A Gold Medal, by R. J. Levis, M. D., for the best Report of his Surgical Clinic at the Pennsylvania Hospital, to A. H. R. Gulley, of Pennsylvania, with honorable mention of the Reports of John A. Mitchell, of Illinois; Chas. Wirgman, of Pennsylvania; George F. Souwers, of Pennsylvania; Wm. Dinwoodie, of Rhode Island; and Wm. Deats, of Pennsylvania.

The valedictory address was then delivered by John B. Biddle, M. D., Professor of Materia Medica and General Therapeutics. He gave an excellent address, full of sound advice, and was listened to with marked attention.

The Medical Department of The University of Pennsylvania.

The Commencement of this venerable institution took place at the Academy of Music on March 13th, with the usual pleasant accompaniments of music, flowers and beauty. Prayer was offered by the Rev. E. R. Beadle, and the degrees conferred by Provost Charles J. Stillé, assisted by Prof. Rogers, Dean of the Faculty.

Of the one hundred and twenty-one members of the class, there were seventy from Pennsylvania; eleven from New Jersey; five from Maryland; four from Virginia; three from California; two from Delaware; two from Illinois; two from Iowa; one each from Maine, Rhode Island, Connecticut, West Virginia, North Carolina, Mississippi, Ohio, Indiana, District of Columbia and Indian Territory. Brazil, Nova Scotia and Prince Edward's Island had two representatives each, while there was one from each of the following countries: England, Scotland, Turkey, Roumania, Chili and Mexico.

After the ceremony of graduation, Dr. Rogers announced the award of prizes and distribution of honors. The alumni prize and the Henry C. Lea prize were given in the following order, with the following sums: To Andrew J. Parker, Jr., of Philadelphia, a prize of $100, for his essay on "Cerebral Convolutions;" to George A. Piersol, of Philadelphia, $50, for his essay on "Minute Anatomy of the Cornea;" to Henry Formad, B. M., of Jassy, Roumania, $50 for his essay on "The Distribution of the Nerves of the Iris." The anatomical prizes offered by Dr. H. Lenox Hodge, demonstrator of anatomy in the University, were then bestowed. Thomas Getty Ricketts, A. B., of Elkton, Md., received the gold medal, for the best anatomical dissection; G. Edgar Dein, of Providence, Pa., $30, for the most complete set of observations of anatomical anomalies. The "chemical prize," a gold medal, given by the Professor of Chemistry, was awarded to William Chamberlain, Jr., of Moorestown, N. J., for researches in metallurgy conducted in the working chemical laboratory of the University. Three essays were pronounced to be of "dis-

tinguished merit," and nine adjudged worthy of honorable mention.

Professor Joseph Leidy, LL.D., was then introduced as the valedictorian, and concluded the ceremonies with a very appropriate address.

The Woman's Medical College.

The Commencement took place March 15th, at the Hall of the Young Men's Christian Association. The ceremonies were opened with prayer, by Rev. D. O. Kellogg, D. D. This was succeeded by the conferring of degrees upon the graduates, by the President, T. Morris Perot, which was followed, in turn, by the delivery of the valedictory address, by Professor Isaac Comly, M. D.

The only prize was that for the best thesis, and consisted of a purse of $50. It was awarded to Elizabeth A. Follansbee, of California, for a dissertation, entitled, "A Review of Medical Progress."

The following is a list of the graduates, their places of residence, and the subject of their several theses:—

Frances N. Baker, Pa., Ferrum; Cornelia L. Boardman, Mass., Diphtheria; Josephine G. Davis, N. J., Typhoid Fever; Martha M. De Graw, Pa., The Brain; Elizabeth E. L. Forbes, Del., Scarlet Fever; Elizabeth A. Follansbee, Cal., Review of Medical Progress; Romania, B. Pratt, Utah, Puerperal Hemorrhage; Caroline S. Pease, N. Y., Trichinosis; Elvira Rainier, Mich., Endometritis; Elizabeth T. Richards, Mich., Gelseminum; Elizabeth W. Smith, Pa., Inflammation; H. Josephine Varnum, Me., Nitrous Oxide; Ella M. Whittaker, N. Y., Typhoid Fever; Henriette B. Woolston, N. J., Digestion; Mary A. Young, Pa., Syphilis.

Alumni Associations.

The Alumni Associations of the Jefferson and University of Pa. met shortly before the Commencements of the schools. Before the former, Dr. William B. Atkinson delivered a very able address on "Medical Organizations and their value;" while before the latter, Dr. J. J. Woodward, U. S. A., spoke on Microscopic Histology, embellishing his subject with striking illustrations.

Both meetings were well attended, and did good work for the future.

Total Number of Graduates in Philadelphia.

The total number of physicians and pharmacists graduated in this city during the last winter was 587, distributed as follows:—

Philadelphia University	11
Philadelphia Dental College	67
Pennsylvania Dental College	35
Hahnemann Medical College	50
Jefferson Medical College	198
University of Pennsylvania (Medical Department)	121
Woman's Medical College of Pennsylvania.	15
College of Pharmacy	90

Graduating Classes.

—At the annual Commencement of the Buffalo Medical College, February 20th, thirty graduates received the diploma of Doctor of Medicine.

—The thirty-fourth annual Commencement of the Rush Medical College took place February 21st. The Degree of Doctor of Medicine was conferred on one hundred and three gentlemen.

—At the Woman's Hospital Medical College, Chicago, four graduates received diplomas in medicine on the 27th ult.

—The Hospital Medical College, Louisville, graduated forty-one students on the 22d of February.

—The Louisville Medical College, Louisville, conferred diplomas on forty-seven graduates on February 27th.

—The Medical Department of the University of Louisville conferred the degree of M. D. on seventy-seven graduates on March 1st.

—The University Medical College, New York, conferred the degree of M. D. on 157 graduates on February 20th.

The Bellevue Hospital Medical College, New York, graduated a class of 147 doctors on the 27th ult.

—The College of Physicians and Surgeons, New York, conferred 118 degrees of M. D. on March 1st.

The Maine Pharmacy Law.

A pharmacy law, in Maine, has been recently passed, and received the sanction of the Governor February 9th. According to its provisions, the Governor has to appoint three *suitable persons* to be commissioners of pharmacy, who are to examine every applicant desiring to engage in the business of an apothecary; said applicant must have been employed in an apothecary store where physicians' prescriptions are compounded, at least three years, or must have graduated from some regularly established *medical school* or *college of pharmacy*, and be *competent for the business*. The act does not apply to physicians putting up their own prescriptions, or to the sale of proprietary medicines.

Pharmaceutical Products.

We have received from the laboratory of Messrs. Parke, Davis & Co., Detroit, Michigan, very handsome specimens of their pharmaceutical products, extracts, fluid and solid, pills and elixirs. They are commendably energetic in preparing articles lately introduced into the materia medica, such as Jaborandi, Ustilago maidis, Grindelia squarrosa, Damiana, Yerba Santa, Eucalyptus, etc., all of which can be obtained in various forms from them, and, we do not doubt, accurately prepared.

Centennial Award to Messrs. Billings, Clapp & Co.

Those who visited the Centennial Exhibition will have noted the very handsome display of chemical and pharmaceutical products by the above firm. We take pleasure in giving a place to the official award of the judges who examined in this department of our grand national display :—

[Copy.]

AWARD TO MESSRS. BILLINGS, CLAPP & CO., BOSTON.

The undersigned, having examined the products herein described, respectfully recommends the same to the United States Centennial Commission for Award, for the following reasons, namely :—

A very fine display of Chemicals, *especially* Carbolic Acid, Propylamine (Trimethylamine), Chloride of Propylamine; and also of Pharmaceutical Chemicals, such as Citrates of Iron and Quinia, Citrates of Iron and Manganese, Citrates of Bismuth and Ammonium, Pyrophosphate of Iron, Bromide of Potassium, Bromide of Ammonium, Chromic Acid, Valerianic Acid, and many others. Commended for fine display and *excellence* of chemicals.

F. A. GENTH.
[Signature of the Judge.]

Approval of Group of Judges.

J. LAWRENCE SMITH. DR. V. WAGNER.
P. DE WILDE. CHARLES A. JOY.
E. PATERNO. J. W. MALLET.
F. KUHLMAN.

Obituary Notes.

—W. G. Nugent, well known as a successful physician and surgeon, died at Pittston, Pa., March 6th. Dr. Nugent was a Virginian by birth, but for a number of years has been a resident of Pittston. During the late war he served as a surgeon in the Union Army.

—Charles B. Parkhurst, M. D., youngest son of the late L. M. Parkhurst, of Vermont, died at Colorado Springs, Col., January 16th, aged 34 years.

—Dr. Buckler Jones, a well-known physician of Baltimore, committed suicide last week, by cutting his throat. Since December 6th Dr. Jones had been residing at the Spingler House, New York, but returned to Baltimore on Sunday last.

Personal.

—John S. Newton, M. D., PH. G., has been elected professor of materia medica, therapeutics and botany, in the Pennsylvania College of Pharmacy. He is a graduate of the Jefferson Medical College, and of the Philadelphia College of Pharmacy. Formerly he was assistant professor of chemistry in the Central High School.

—Grace, the celebrated English cricketer, has become a doctor of medicine. He still believes in physical culture.

Items.

—A young physician of Kent Co., Md., was carried from his room, bound to a tree and flogged, one night in February, for alleged seduction. It is to be hoped that his sufferings were unmerited.

QUERIES AND REPLIES.

Stomatitis Materna.

If Dr. J. J. J., of Ark., will try the saturated tincture of polygonum punctatum (smartweed), in doses of one fluid drachm three times a day, his patient will improve. The tincture diluted may be used as a wash repeatedly. I have seen many obstinate cases promptly cured by it.

Alton, Ohio. L. WOODRUFF, M. D.

Dr. J. J. J., of Ark., desires a remedy for stomatitis materna. I have found the following do well for some obstinate cases :—

R. Red iodide of hydrarg
Hyd. potass., five grains each
Aquæ puræ, one ounce. M.

Sig.—4 or 5 drops in water, three times a day; also put 10 drops in half a glass of water, and use for gargle for the mouth and throat, 3 or 4 times a day.

Let J. J. J., of Ark., try sub. carb. bismuth in stomatitis materna, 10 grains three or four times daily; it has acted most satisfactorily, and promptly relieved it, in my patients. My attention was called to it by a country doctor, in the MEDICAL AND SURGICAL REPORTER, last year.

S. E. WILLS, M.D.

Dr. L. H. of Ark.—The *Dental Cosmos* is published by S. S. White, Phila. Price $2.50 per year.

MARRIAGES.

RALSTON—STEWART.—February 20th, at Locust Grove, Salem, Ohio, by the Rev. H. B. Fry, David Ralston, M. D., of Carlisle, Pa., and Agnes Stewart.

DEATHS.

ATWOOD.—In Brooklyn, New York, November 1st, Robert N. Atwood, M. D., aged 38 years, son of the late Dr. Atwood, of Ascutneyville, Vt.

BUCK.—On Tuesday, March 6th, at his late residence, Gordon Buck, M. D., in the 70th year of his age.

CHAMBERLIN.—In South Britain, Conn., January 26th, of cancer of the stomach, Dr. E. C. Chamberlin, aged 55 years; also, February 2d, of congestion of the lungs, Mary, wife of Dr. E. C. Chamberlin.

CRAIG.—In Somerville, N. J., on Saturday morning, March 3d, of congestion of the brain, Dr. S. Henry Craig, formerly of Philadelphia.

GUERNSEY.—In this city, on the morning of the 16th instant, William F. Guernsey, M. D.

HILL.—Dr. Milo W. Hill, born in Pompey, Onondaga County, and a resident of Buffalo, New York, since 1826, died yesterday afternoon, aged 72 years.

JEWETT.—In Woodstock, February 2d, Mary Adelaide, wife of Dr. F. R. Jewett.

SEIP.—At Bath, Pa., March 8th, of pneumonia, Samuel Gross Seip, only son of Dr. W. H. and Lydia H. Seip, aged 11 months and 17 days.

TYSON.—In Norristown, Montgomery Co., Pa., on Saturday morning, March 3d, 1877, Grace Estelle, daughter of Dr. A. R. and Mary Tyson, in the 10th year of her age.

THE

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Original Department.

Lecture.

ON LACERATIONS OF THE PERINEUM FROM CHILDBIRTH.

BY WILLIAM GOODELL, A. M., M. D.,

Clinical Professor of the Diseases of Women and Children, in the University of Pennsylvania.

Reported especially for the Medical and Surgical Reporter.

Here is a fine-looking young woman, twenty-eight years old, who comes to us in sad plight. Ten years ago, in her first labor, she met with the mishap of having her perineum very badly torn. The rent extends through the sphincter ani, and three-quarters of an inch up the bowel. The waters drained off early, and the labor, consequently, became a tedious one. Her physician, a man of large experience, very properly put on the forceps. In delivering the head, this rent happened, as it will sometimes happen in spite of the best care. I shall not, therefore, blame the physician, nor can I afford to be uncharitable, for I once met with the same disaster. As I separate the labia you see that the perineum has disappeared, and that the vagina and rectum end in one common opening. It is an ugly looking rent, but bad as it is, she did not discover it until after getting up. Then her troubles began in earnest, and they have grown more and more exacting, until she has been driven to us for relief.

Rents of the perineum are called complete or incomplete, according as the sphincter ani is or is not involved. Most commonly the rent is incomplete, and does not include this muscle. Yet even then the sustaining power of the vaginal column is impaired by such an injury to its perineal abutment, and the bladder and womb tend to sag down. Again, the vulva gapes; it acts no longer as an elastic, air-tight valve, and the womb and vagina, irritated by the air which gains access to them, become congested and hypertrophied. By the enlarged vulva and relaxed vagina erectility is impaired, and the sexual act is blunted. These evils are bad enough, and yet, should the rent involve the sphincter ani, as in our patient, there will be added to them an involuntary escape of flatus and of the fæces, if at all liquid.

For ten years this woman's clothing has been soiled without warning. She is often waked up at night by an involuntary movement of the bowels. She is liable, no matter when or where, to break wind, and she, therefore, stays at home. She told me, with tears, that her person has become repulsive to her husband, and that her friends shun her company. To a young woman, to a young wife, few calamities can be more grievous, and she bitterly denounces her physician. It is, indeed, a sad infirmity; yet, gentlemen, in a busy life very few of you will escape from seeing it happen, in some form or other, in your practice. It behooves you, therefore, to know how to treat it, and better still, how to avoid it.

My time is too limited to speak of all the causes of lacerated perineum; but there are two special and salient ones on which, while our patient is getting her ether, I wish merely to break ground. One cause is the common, and as I hold, faulty mode of supporting the perineum. The problem seeking solution is this:—Given a fetal head, and a vulva through which it must pass; how can the perineum be kept

from tearing? Well, this problem looks simple enough, and yet, let me tell you, it is the riddle of the sphinx. Every physician has literally tried his hand at it, and every one has come to grief. Never yet has it been solved.

One advocates pressure on the perineum with a folded napkin; another with an unfolded napkin; a third scouts all napkins, whether folded or unfolded. One plugs up the rectum; another empties it. The perineum is pushed forward by some, and backward by others. Some place their hand transversely across the perineum; some longitudinally, with the fingers looking upward; some longitudinally, with the fingers looking downward. As runs our nursery rhyme, "Simon says, 'thumbs up!' Simon says, 'thumbs down!'" and yet the perineum would tear, and tear it will, until woman becomes—like the cherubs of the old painters—all wings and no body.

Now, to my thinking, all this diversity of opinion—and, mind you, I have not given you a tithe of the different modes of "supporting the perineum," as it is technically called—means that Nature herself intends to take care of the perineum, precisely as she does the preceding stages of labor, and that she can very generally do it better than the physician. But supposing that the case is a morbid one, and really needs help; or else, that you cannot, for the life of you, keep your hands off—what is to be done? Why, imitate Nature. She retards the too rapidly advancing head, and that by making the woman cry out. You will retard the head by making direct pressure, *direct pressure*, I say, on it.

The word "support," as applied to the perineum, is a misnomer. It is not the perineum that needs support, but the head that needs support. By supporting the head we support the perineum. If the ordinary mode of "support" ever does any good, it is by retarding, through the interposed perineum, the advance of the head. But the good thus gained is more than counterbalanced by the evil. Continuous, firm pressure, with the hand, makes the perineum hot, dry and unyielding. It also hinders it from undergoing equable dilatation; for the compressed portion cannot take its share of the general tension, and the strain is thrown on the fourchette. Bruised, congested and benumbed, by such support, the perineum is no longer a living tissue, capable of responding intelligently, so to speak, to the requirements of the occasion—when to solicit, when to repel the advance of the head. Again, in the last throes, when such support is, if ever, most needed, the woman is very likely to jerk herself away, and the abruptly released perineum suffers.

Make, then, your support, or retarding pressure, directly to the head itself, and not on the perineum; not through a fleshy medium which needs perfect freedom from all restraint, in order to undergo the requisite and inevitable amount of dilatation. For many years I have not touched a perineum for the purpose of saving it. Sometimes I do nothing; at other times I make simply a retarding and guiding pressure with my fingers and thumb spread over the head of the child as it crowns. When the perineum is very rigid, I relax it, by hooking up and pulling forward the sphincter ani, with two fingers passed into the rectum, while with the thumb of the same hand I make the needful restraining pressure upon the head.

A faulty method, then, of supporting the perineum, plays an important part in the production of these lacerations. But they very generally stop at the sphincter ani, and are rarely complete. When, however, the rent is a complete one, involving the bowel, you will commonly find that, as in our patient, the third stage of labor has been ended by the forceps. Not a winter passes by without the appearance before you of several such cases. This ought not to be so; but it is so; and why is it so? For many reasons, but at which I have time only to hint. Thus, through false delicacy, many physicians apply the forceps and deliver the woman under a sheet. They work in the dark, and cannot see what they are about. Again, in difficult forceps-cases, the worn-out physician is tempted to brace his feet against the edge of the bedstead. But braced traction means uncontrollable traction, and when the head jerks past the brim, it is very likely, before the physician can recover himself, to tear its way out through the perineum. Or the forceps may slip off, and the physician suddenly finds himself on his back, or brought up all standing by the opposite wall. At best, by the use of the forceps the head is liable to be brought down too quickly upon undilated soft parts, and to be prematurely delivered. Skilled physicians are constantly doing this, and so will you, unless you follow the advice I am about to give. To tell you the truth, such grave lesions to the mother, and for the matter of that, to the child also, from the use of

the forceps, are so constantly brought to my attention, that I am disposed to accept Baudelocque's dictum, that, take it for all, "The forceps has been more injurious than useful to society." My advice, therefore, to you—and you will find it a very safe one to go by—is, that, in general, and always with primiparæ, you take off your forceps as soon as the perineum begins to bulge, and that you leave the final delivery of the head to the expulsive efforts of your patient.

But, supposing that, in spite of the greatest care, a rent has happened. What is now to be done? First, discover the rent. You smile—but not so fast! Through over-delicacy on the part of the medical attendant, lacerations are over and over again escaping his notice, until it is too late to do anything. So was it with our patient's physician. So will it be with you, unless you make it an inflexible rule after every delivery, either to look at the perineum, or to gauge its thickness between the thumb in the vagina and the index finger in the rectum. Don't forget this.

Next, make a clean breast of the mishap to your patient, and as soon as the placenta is delivered, put in metallic sutures. And bear in mind, I beg you, that the lowest one, which goes in first, must be introduced at cutaneous points fully half-an-inch below the lower angle of the rent; but I shall have something more to tell you about these sutures when our patient is being operated on. Do this with a good light, and at once, while the wound is fresh, and the perineum lax and comparatively numb and insensible from the pressure and the passage of the head.

Under such conditions ether is not ordinarily needed; you are merely giving a dressing to the wound, and that the very best dressing it can have. Should the lochia obscure the parts, dam them back by a sponge pushed high up. And don't forget to remove the sponge before you begin to twist the ends of the wires together. Then draw your patient's water, put a pad between her knees, and bind them together. If the rent be an incomplete one, you need do nothing more than keep the bowels bound by opium; remove the stitches on the sixth or the seventh day, and give oil or a saline cathartic on the day following. But, should the sphincter ani be torn through, you will pass into the bladder a self-retaining catheter, and will, on the eighth day, remove all the sutures but the first one put in, *viz.*, the one which you will soon see me put around the anal rent. On the ninth day give an enema of four ounces of warm olive oil, followed in two hours by one or more of soap-water, and after the bowels are cleared out, cut the remaining stitch. Ten to one your patient will now be as good as new.

But here lies before us a woman who missed the golden opportunity for immediate repair. The broken ends of the anal muscle have retracted. The parts are rigid, and otherwise deformed by cicatricial contraction. The chance for the simple suture-dressing has gone by. She now needs a tedious and bloody secondary operation, for which she has been prepared by a dose of oil taken yesterday morning. We put her in the lithotomy position, with her knees well supported by two assistants, who also, with their free hands, keep the vulva on the stretch. I first shave off the hair around the rent, and then pass two fingers into the bowel, in order to smooth out the overlying rugous vagina. Next, with a curved pair of scissors, I trim the rectal edges of the rent, and snip off from its vaginal surface a thin paring of mucous membrane. This dissection is continued for an inch and a half up the posterior wall of the vagina, and then the sides of the perineal rent are denuded for a space a little broader and longer than the cicatrix of the original perineum. Venous blood flows freely, and three small arteries are springing. We do not tie them, lest the ligatures should act as foreign bodies, but each one is nipped with a *serre-fine*. It is on account of the vascularity of these parts, and the valveless veins, that I prefer the half-crushing action of the scissors to the clean cut of the knife. It does not interfere with union, and yet lessens the bleeding.

See what a symmetrical raw surface we have; it looks very like a red butterfly with its tail cut off. But, before folding its wings, and closing the wound, I hunt for some little islets of mucous membrane which may have escaped the scissors. It is not always easy to distinguish them from the raw surface; so, to be on the safe side, I snip off every suspicious looking ridge. The sutures must now be passed, and since success, in either the primary or the secondary operation, depends mainly on the manner in which this is done, I bespeak your closest attention. A sharply-curved needle, held in the jaws of a needle-holder, and armed with silver wire, is entered in the left buttock,

on a level with the *lower* margin of the anus, and about half an inch away from it. By my finger in the rectum, I pilot this needle through the recto-vaginal septum so that by one sweep it completely girds the rectal rent, and emerges at a corresponding point of the skin on the right buttock. The free ends of this suture are alone visible; its loop lies wholly embedded in the septum. This suture was first devised by my friend, Dr. Emmet, and a very important one it is whenever the sphincter ani is torn through, or a limited portion of the recto-vaginal septum is involved. It purses up the margins of the slit in the bowel, and brings together the ends of the broken muscle. When, however, the slit in the septum is over three-quarters of an inch in length, its closure cannot be safely entrusted to this single stitch.

Last week I received a letter from a physician out West, who sought my advice. In a very difficult forceps case, he had had the misfortune to see his patient's perineum give way, and her recto-vaginal septum torn up for two and a half inches—very nearly up to the cervix uteri. I wrote back to him to sew up, first, this slit in the septum, with a sufficient number of interrupted gut-sutures, knotting each one in the rectum, and then to close the perineum by the operation that I am now showing you. These gut-sutures, by the way, need no further attention, for they disappear by absorption.

The perineum proper I shall now close by five other metallic sutures, which will be carried by this long-handled perineal needle. The first one of these five sutures is so passed that its ends emerge at cutaneous points on a level with those of the preceding suture, but half an inch outside of them, while the very small visible portion of its loop lies on the mucous membrane of the posterior vaginal wall, just above the uterine edge of the raw surface. The cutaneous points of the remaining four sutures are about an inch from the margin of the rent, and each suture is also made to pass through the vaginal mucous membrane, very close to the edge of the raw surface.

I now remove the *serres-fines*, and, as you see, the arteries do not bleed, but the general oozing is free. This is the usual case, but fortunately the pressure made by the adjustment of the sutures will always stop it. And it is for the purpose of controlling every bleeding vessel, that I make the perineal sutures include a portion of the sound vaginal mucous membrane. You may, if you choose, secure the wires by merely twisting them; but from habit I prefer to clamp each one by a perforated shot. As perfect coaptation has been gained by these deep sutures, no superficial ones will be needed. The ends of the wires are now cut off close to the shot; a self-retaining catheter is next passed into the bladder; the knees are then bound together, and our patient will now be wheeled off to her bed.

For one week her water will be drawn off, and her bowels kept bound. For the latter purpose, opium enough to ease the painful tension of the stitches will suffice. No local dressing, beside cleanliness, will be needed; but after the first forty-eight hours the vagina should be washed out twice daily, with a weak solution of carbolic acid, or of the potassium permanganate. There is one distressing complication of which you need to be forewarned—a very painful collection of wind in the bowels, which few escape. How and why this happens, I cannot say; but the only sure remedy is the introduction into the rectum of a flexible male catheter. And that reminds me of another point: charge your patient not to stand on ceremony whenever she feels the inclination to break wind. Efforts to withhold it may cause a damaging contraction of the sphincter muscle. Our patient's diet will be restricted to milk, toast, eggs and broths. On the seventh or the eighth day I shall cut and remove every suture but the one first put in, viz., the rectal one. On the morning of the ninth day four ounces of warm olive oil will be slowly injected into her rectum, followed two hours later by soap-water enemata. When her bowels have been thoroughly moved, but not till then, the rectal stitch will be taken out. After this, if the union be good, her bowels will be kept open daily, by an evening dose of the compound liquorice powder. If otherwise, they will be again bound for five days more. For two weeks, at least, she will keep her bed and have her knees bound together. After that she may be allowed to sit up, but not, for a week more, to walk about. Such precautions are needful, in order that the newly-united tissue may not become absorbed, or become relaxed by overstretching.

Other operations have been devised for lacerations of the perineum, but the one just performed before you is simple, and yet very successful. Its good results many of you have repeatedly

witnessed. And after an experience with it, in some twenty-five cases of the immediate operation, and in about thirty of the secondary operation, I feel myself entitled to recommend it very warmly.

COMMUNICATIONS.

A CASE OF CARCINOMA UTERI.

BY GEORGE B. FUNDENBERG, M. D.,
Of Cumberland, Md.

The following case is not reported on account of its rarity, for unfortunately the disease is occurring with increasing frequency, but in order to call the attention of my fellow practitioners in the country to its treatment.

Mrs. Thos. R—— was sent to me by Drs. Price and Smith, of Ocean, in this county, on the 21st of last October, those gentlemen having diagnosed cancer uteri. She is aged thirty-eight, is married, has had eleven children, the youngest seventeen months old. Had an abortion four months after marriage. After the birth of her last child she did not menstruate until last June, since which time, up to the present, she has had metrorrhagia more or less constant, amounting sometimes to a free hemorrhage. She has felt no abnormal sensations until six weeks ago, when she began to experience a burning sensation in the right iliac region. She has a constant watery vaginal discharge, which stains her linen with a dirty brown color, but is yet devoid of any perceptible odor. She has no constipation nor urinary troubles, but bears in her face an expression of anxiety and suffering, exhibiting, however, no marks of the cancerous cachexia.

The touch discloses an extended ring of indurated tissue encircling the os. The finger sinks into a soft excavation to a depth of three-fourths of an inch. The uterus is movable, and there is no induration beyond the boundary of the cervix. The speculum discloses an elevated scarlet circle, the borders of a cancerous ulcer, which has excavated and destroyed the vaginal portion of the cervix, and is covered with an ash colored putrilage. It was quite evident that the disease had already passed to such a depth toward the uterine body, that there remained but slender prospect of its entire removal. I therefore held out to her no hope of a cure, but expressed a confident opinion that her present symptoms, especially the hemorrhage and the watery discharge, could for a time be controlled, and her life rendered more comfortable and be prolonged.

On the 24th, assisted by Drs. Smith, Green, Parsons and Carr, I proceeded to operate. The patient was etherized, and placed in the semi-prone position, and Sims' speculum was introduced. I first attempted, with a vulsellum forceps and a curved scissors, to excise the elevated borders of the ulcer, but found the tissue too friable to be held; but having fortunately provided myself with a set of Prof. Simon's "spoons," I proceeded to scoop out the softened tissue of the elevated borders, and afterwards that of the cervix. I thus removed not only the edges, but the greater part of the supra-vaginal portion of the cervix, leaving nothing but a shell of hardened tissue, as far, at least, as the os internum. Following with the scoop in the direction of the softened tissue, a deep pocket was formed in front of Douglass' cul-de-sac, which reached up as far as the posterior and inferior part of the corpus uteri. So complete was the removal of the disease at this point, that nothing but the peritoneum intervened between the excavation and the cavity of the abdomen. After the scoop had done all that it was capable of doing, there yet remained hardened masses higher up, which, on account of the presence of considerable connective tissue, could not be removed in this manner. If this patient had been in circumstances permitting her to remain under my treatment, I would have followed the method of Prof. Schroeder, who, after removing all the medullary matter with the spoons, uses the actual cautery, and as soon as the eschar begins to separate, applies a cotton tampon soaked in a concentrated alcoholic solution of bromine (1 part bromine to 5 of alcohol), and if masses of diseased tissue remain, he injects into them the same solution with a long hypodermic needle, repeating the injection every eight days, and using in the intervals a weak solution of bromine. But as my patient was not in a condition to remain from home, such a treatment was out of the question.

The hemorrhage during the operation was inconsiderable, but as a precaution, a tampon with sol. per sulph. ferri was introduced. No febrile reaction followed the operation, but on the contrary, a great improvement in her general appearance manifested itself. In ten days after the operation she went home feeling remarkably well.

On the 26th of November Mrs. R. returned. She has had no hemorrhage since the operation, and no discharge until within the last few days. She returns because her physicians have told her that the disease was reappearing. She has the same burning pain in the iliac region of which she first complained. The speculum discloses a ring of soft medullary proliferation around the remains of the cervix. The cavity scooped out by the first operation has nearly filled up. Her general health has not deteriorated. She can eat and sleep well, and is apparently in a better general condition than when I first saw her.

On the 27th of November I repeated the operation, assisted by Drs. Magill, Carr, Green, Craigen and Parsons. The scoop again proved its admirable adaptation to cases like this, removing rapidly and safely all the softened tissue which existed, following it into various irregular prolongations and lacunæ. The disease, as is proven by this last operation, has not extended further on the roof of the vagina than before, but has advanced slowly upward into the body of the uterus.

There was no hemorrhage during or after this operation, and no inflammatory reaction. She, however, suffered for a few days from various reflex irritations, in the shape of neuralgia, loss of appetite, and nervous irritability, etc. She returned home at the expiration of ten days after the operation.

All who witnessed these operations were impressed with the thoroughness of the work accomplished by the "spoons," the remarkable facility with which they can be used, the trifling amount of hemorrhage accompanying their use, and the great safety in their employment.

There should be no hesitation, therefore, on the part of those called upon to treat these deplorable cases, whether specialists or not, in resorting to this method in all appropriate cases. Only those who have witnessed the fearful hemorrhages, the progressive blood contamination, the horrible and exhausting discharges, which characterize these cases, can conceive what a boon it is to the poor sufferer to have even a short reprieve.

There can be no excuse at the present day for treating such cases with partial cauterizations, anodynes and deodorant injections alone. These fall short of giving even relief, and were only justified when better methods were unknown.

TREATMENT OF CARBUNCLE.

BY J. H. DIBRELL, JR., M. D.,
Of Little Rock, Arkansas.

A method of treating carbuncles which I have uniformly pursued during the past few years appears to possess decided advantages over other plans hitherto employed for the cure of this troublesome and painful affection. I am induced, therefore, to make it the subject of a brief communication to the REPORTER.

The old method of crucial incisions, for a long time universally, and almost indiscriminately, practiced, is now, happily, nearly abandoned, and other and more successful, and less barbarous measures, employed instead.

Indeed, experience seems to have conclusively demonstrated that carbuncles do far better without any treatment whatever, than when subjected to deep and extensive incisions. A simple puncture, when the tumor is hard, brawny, and painful, will sometimes greatly mitigate the pain, but will not in any degree limit the extent or duration of the disease, or tend to arrest the sloughing process.

The use of collodion, in conjunction with carbolic acid, has yielded, in my practice, and in that of several medical friends whom I have requested to try it, such satisfactory, and it is believed unusual, results, as to induce the belief in its superiority over other modes of treatment.

Carbolic acid, in this affection, has been recommended by several writers, with much favor, one of whom claims to have aborted the disease by the early hypodermic use of the acid, in a case that promised to assume formidable proportions. My plan is as follows:—When the carbuncle is seen early, to puncture it, and with a camel's hair pencil, or small pointed stick, introduce into the opening thus made the pure and undiluted acid. If the disease has made greater progress, and one or more small acne-like pustules have made their appearance on the tumor, these are carefully opened, which can be done without causing pain, and the acid introduced at each opening, as before indicated. The effect of the acid when first applied, especially if it touch a denuded surface, is to produce a sharp stinging pain, which is, however, of but momentary duration. The next effect is local anæsthesia, and the patient is, for a time, perhaps hours, free from pain.

Carbolic acid possessing in a notable degree anæsthetic, antiseptic and caustic properties,

would seem to be peculiarly adapted to the treatment of the disease under consideration, which is usually attended with great pain, sloughing, and an intolerable odor. Its use in my hands has certainly seemed to diminish the pain, correct the odor and to arrest the sloughing process with much promptitude.

After the acid has been applied, collodion should be several times painted over the carbuncle, and beyond it, a few lines, on the uninflamed skin. *All the openings are to be left free*, in order to give egress to discharges. Each layer or film of the collodion should be allowed to dry before another is put on. This dressing may be renewed once daily, and the collodion previously applied, if partially detached, should be peeled off before a new application is made. If the part on which the carbuncle makes its appearance be covered with hair, this should be cleanly shaved off, otherwise the collodion will be difficult to remove, and at the same time cause considerable pain.

It is interesting to watch the collodion as it contracts upon the diseased tissues. The skin, previously red and swollen, will in a few minutes be seen, through the transparent gun cotton, to have become pale and depressed, as the pressure gradually empties the engorged capillaries. If the disease is advanced, and sloughs have become partly separated, they are not unfrequently forced out, or brought so near the openings as to be readily detached with scissors. This pressure does not give rise to pain, but on the contrary, generally affords much relief to the suffering patient. The application of collodion in this disease has other advantages. It limits the extent of the disease in decreasing the vascularity of the part, and in this way lessens the inflammatory action going on, and probably also prevents the absorption of pus It also protects the surrounding skin from contact with the discharges, which, as is well known, is capable of producing, if not an extension of the disease, numerous small boils, which are of themselves an exceedingly annoying complication. Should, however, any such pustules or boils be formed in the course of the disease, they can be cut short by touching them with carbolic acid. After the carbuncle has been treated with the acid and collodion, it should be protected from contact with the clothing, by covering it over with a piece of old linen or cotton cloth, saturated with sweet oil, or spread with carbolic acid cerate.

Hospital Reports.

LOUISVILLE HOSPITAL MEDICAL COLLEGE.

SERVICE OF PROFESSOR LARRABEE, CLINICAL LECTURER UPON DISEASES OF CHILDREN.

Reported for the Medical and Surgical Reporter, by Mr. William B. Mason, Clinical Clerk.

Membranous Croup from Traumatic Origin.

Gentlemen:—Before introducing new cases, I call your attention to the subsequent history and termination of one which you had the opportunity to examine with me last week. One week ago, to-day, there sat in yonder waiting room a child of six years; her pale countenance, quite unlike the children with whom she sat, no doubt attracted your attention and recalled to your minds the picture of phthisis in childhood, to which we have had to allude but too frequently. Perhaps some of you had already found a diagnosis before it came her turn to be presented.

The rapid and labored respiration attracted my attention, and I pointed out to you this unmistakable evidence of disease in the respiratory organs. Placing my ear over the posterior portion of the chest, as you have been taught to do, I could hear, not only the exaggerated puerile breathing and mucous râles over one side, but also detected an entire loss of any respiratory sound over the middle and lower lobe of the right lung.

The case was pointed out as possibly illustrating that frequent affection of childhood very properly styled broncho-pneumonia, with collapse of portions of the lung. You will remember, also, that I spoke of a peculiar sound, heard loudest over the bifurcation of the trachea upon the right side, which was unlike any of the râles or ronchi which you have studied, and stated that it should lead us to suspect some foreign body in this situation, as at this point the tubes were sufficiently large to be cleared of mucous by the cough. Upon inquiry, you heard the mother's statement, that, a long time ago (about a year), the child was known to have "swallowed" a brass rivet which it was playing with, or had, as she said, "drawn it down the wrong way." Slight symptoms of suffocation continued for a short period, but in a few days the child seemed to be better. Medical counsel employed from time to time took no further notice of the accident, and her own attention was directed more to the steady decline in her child's health, than to the accident. In a short time, however, a harassing cough set in, with frequently recurring attacks of dyspnœa, and the voice was always hoarse and husky, without complete aphonia. These symptoms, together with irregular febrile exacerbations, have continued up to the date of her admission here.

On the next day after you saw her I visited her, at the request of her father, and found the symptoms to be decidedly croupal. The more approved plan of treatment was at once adopted and vigorously pushed. The surroundings of the child were good, and all that could be done for her comfort was done, by loving hands. Among other means used was a solution of potash, sprayed into the larynx with the atomizer, the crying of the child being taken advantage of for this purpose. Despite the treatment, the disease pursued an uninterrupted course, terminating in death at an early hour this morning. I was again summoned by the friends, to perform a "post-mortem," in order to satisfy them of the presence of the foreign body.

Sectio cadaveris, 12 hours after death. Considerable wasting of subcutaneous fat; surface of the body pale and without ecchymosis. Thorax opened after the usual manner; ribs show no marks of rachitic diathesis; right pleura, pulmonalis and cortalis adhered by recent, but tolerably firm adhesions, some of which must certainly have existed previous to the last illness, and I here invite your attention again to the frequency with which the pleura is affected in the so-called child's pneumonia. Seeing this condition will enable you to better understand the significant "grunt" in breathing, and the soreness around the chest which help you so much in your diagnosis at the infant's cradle. Not only is this complication usual to pneumonia, but also to croup, because in the latter you have a mechanical pneumonia, if not a true croupous pneumonia, preceding death, and I desire that you will give the proper weight to this knowledge when the operation known as tracheotomy is proposed, in the last stage of croup, and that you will have this pathological condition in your mind at the bedside when these unfortunate cases fall into your hands. It may save you some embarrassment, and lead you to discourage the operation as a "*dernier resort.*"

The pleura was adherent to the pericardium upon the left side, and gave evidence of recent inflammation. The pericardium was observed to be somewhat full and prominent, and on being opened an ounce or more of greenish fluid escaped. Floating on this fluid were detached flakes of lymph. The heart had the appearance of hypertrophy, and one of you remarked that it was abnormally large; you will see the cause of this appearance; the left ventricle was empty, but the right contained a very large coagulum. This is just the state of affairs which you would expect to find in a case of pneumonia or croup, and you have death approaching from the right heart. This is the reason for giving digitalis late in these cases; but the compensation is not an easy one, as the venous system is the engorged one. The inflamed condition of the pericardium is not rare; it is an extension of inflammation from the pleura, and it is possible, in these cases, that the blood poisoning may have some part, as in rheumatism, in producing pericarditis. Portions of both lungs appeared to be dense, and on being cut into exuded a dirty fluid, containing strings of fibrin. The bronchial glands were considerably enlarged and congested, a condition by no means rare in croup, and, I think, too often ignored as exerting a tendency to that disease.

In the case before you, there can, I think, be little doubt that these glands were enlarged since the pulmonary trouble commenced, dating back to the lodgment of a foreign body in the respiratory tract. Their condition also affords us an explanation of the paroxysmal cough and hoarseness noticed by the mother.

Purulent matter flowed freely out of the larynx, after its removal from the body. Above the second ring of the trachea the mucous membrane was intensely red and injected, and bore a striking resemblance to the inner bark of the wild cherry tree; it was bathed with a mucopurulent secretion.

Below the second ring, commencing somewhat abruptly, the trachea was lined by a perfectly formed and well-organized false membrane—a perfect cast—several lines in thickness. Its separation from the mucous membrane showed it to be of very slight attachment, rather lying upon than attached to it. The pus which was already secreted beneath gave evidence that it was almost ready to be expelled; in fact, it required only a vigorous cough to do this; and here, gentlemen, is the trouble—this cough, so necessary; this condition which would make you wish to cough for the child; this expiratory power, I say, can never come to the child's relief. It is necessary that sufficient air should be behind it, and it cannot get this. The weakened thoracic muscles are poorly calculated to act against the atmospheric pressure. So you see that the only thing which could save the child cannot be expected. We did right when we ordered toddy and milk punch for the child, to stimulate its muscular power.

Upon division of the bifurcation leading to the right lung this false membrane was found to continue intact, and was found continuous as far as division of the smaller branches of the bronchii could be carried. When the scalpel reached the second bifurcation of the right bronchus, it struck against a hard metallic body, which, upon dividing the tube, proved to be the iron rivet "swallowed," so long ago. It was firmly fixed in this position, and surrounded by membrane which seemed to be swollen and thick; it was in the position of the valve in a Davidson syringe, the head up, and hence the flapping, valve-like sound which you heard is explained.

I show you the upper portion of the trachea, that you may observe the condition of the mucous membrane beneath the "false membrane," which I also desire you to pass around. The middle lobe of the right lung was quite collapsed, and presented little pin-head points of pus, which those present at the time noticed; these points, no doubt, corresponded to the ends of the bronchii. The idea that membranous croup can have a traumatic origin, or, in other words, can result from local injury inflicted along the respiratory tract, is not new, but the

idea has had the support of a single case which has been extensively quoted by European authors. I offer this as helping that side of the argument, and I see no reason to doubt that the long-continued local irritation, and gradually extending inflammation, should result in the formation of false membrane. When an inflammation involves a serous membrane, we expect, as a result, organizable and organized lymph. Why may we not expect, as a result of inflammation of mucous membrane, the formation of its particular product, viz., pseudo-membrane? I think Niemeyer held this view. It will be remembered that in the case before you the membrane did not extend into the left lung at all, and the mucous lining of the bronchial tubes was slightly reddened, not injected, as was that of the right.

BELLEVUE HOSPITAL,

MARCH 16TH, 1877.

CLINIC OF DR. EDWARD G. JANEWAY,

Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine, in Bellevue Hospital Medical College.

Reported especially for the MEDICAL AND SURGICAL REPORTER.

Aneurism.

I have brought this old man before you, in order that, if possible, we can find out together what is the matter with him, as I have not myself seen him until to-day, and have as yet made no examination of his case.

He informs us that he is sixty years of age, and has, as a rule, enjoyed good health; but that during the past few months (since September last, he thinks), he has been suffering from debility, pain in the chest and back, cough, and more or less dyspnœa. Now, what would be likely to produce these symptoms? Among the suggestions which I hear from the class are, emphysema, angina pectoris, hypertrophy of the heart, hypertrophy with dilatation. Well, let us see. On stripping the patient, we find that his chest has none of the appearances of emphysema. Upon inspection it seems to be altogether normal; but in watching it closely I detect a slight pulsation in the second intercostal space on the right side, and I think those of you who are sitting near will also be able to perceive it. In observing anything of this kind, you should be careful to place your patient so that the light falls properly upon the part in question, and in case the pulsation is very slight it is a good plan to place a thin piece of paper over it, which seems often to aid us in detecting it. What is the cause of the pulsation in this situation? It might possibly be an enlarged spleen pushing the heart over, though this is a very rare occurrence. I once saw the autopsy of such a case, however, and during life, as there was a murmur heard, it was supposed that the patient had an aortic aneurism. The murmur must have been simply anæmic, however, and the post-mortem examination showed that the aorta, as well as the heart itself, was perfectly normal, though the latter was completely displaced by the hypertrophied spleen. In this case it is not necessary to go on looking for causes that might displace the heart, as there is evidently no such displacement, since the apex impulse is about in the normal position.

Again, we might have a very delicate pulsation, due to a slightly dilated aorta, in connection with aortic regurgitation. But here the pulsation is strong enough to be distinctly felt by the hand placed on the chest walls, and I find on percussion that there is marked dullness, extending to about two inches to the right of the sternum. Now, resorting to auscultation, I detect a distinct systolic blowing sound, and then, after it hear the second sound of the heart. There can be no doubt, therefore, that we have to deal with an aortic aneurism. The aorta first became dilated, and then, when the distressing symptoms of which he complains made their appearance, last September, the aneurismal sac probably began to form. Some enlargement of the heart is present here; but no apex murmur can be detected. There is also slight bronchitis in the larger tubes. Our patient has been to a number of doctors, and they have given different opinions as to his case. One told him, he says, that he had heart disease, another, asthma, another, bronchitis, and another, "subjective dropsy."

Before he puts on his clothing, I would call your attention incidentally to the twitching of the pectoral muscles, which occurs when he moves his arms, or when the finger is placed upon them. This muscular twitching has been regarded by some who pay special attention to diseases of the nervous system, and are seldom called upon to treat other affections, as characteristic of progressive muscular atrophy; but I rarely ever strip a patient for the examination of the chest (in phthisis or any other affection), without observing this phenomenon. A medical student once came to me to make a physical exploration of his chest, under the idea that his heart was displaced backward, when I found that what he supposed was the heart's impulse upon the chest walls behind, was simply a twitching of the latissimus dorsi muscle.

The growth of the aneurism seems to have been quite rapid in this case, but in the period just before the stage it has now reached it is often very difficult to make a correct diagnosis. I have known the most skillful and experienced physician to sometimes mistake affections of the aortic valve for those of the aorta itself, and *vice versa*. In the present instance we have now, however, all the positive proofs of aortic aneurism: dullness on percussion, visible pulsation, palpable pulsation, a murmur, which is much more distinct at the seat of the pulsation than at the base of the heart. If the aneurism were behind the heart, it would be much more difficult to make out.

You have heard the patient complain of pain in the back. Any one who is weak may have

this, but we should be on our guard lest there may possibly be another aneurism present. I have met with as many as seven in one individual. It is not easy to say precisely what has been the origin of the aneurism here, but before excluding Bright's disease as a cause, we will examine his urine.

It is not always true, however, that because there is no albumen or casts in the urine, the patient is not suffering from some form of this disorder. The small contracted kidney will give a low specific gravity to the urine; but for a long time there may be but the slightest trace of albumen, or none at all, and few or no casts in it. Therefore we must not depend too much on the absence of either albumen or casts. On examining the urine in the present instance, we find it is acid in reaction, and that it has a specific gravity of 1020. It is too fresh to make it worth while to examine with the microscope for casts, but as we find that it contains no trace whatever of albumen, and as its specific gravity is so high, we may safely exclude Bright's disease. In conclusion, I will remark that the enlargement of the heart in this case is in all probability due to the increased work which the organ has had to perform on account of the presence of the aneurism.

Gout.

The next patient is a man of about fifty-five, whose occupation has been that of a waiter in hotels and private families. He gives a good family history, his father having lived to the age of ninety. We find that he complains of pain and soreness in the great toe and ankle of the left foot, and also, though to a less degree, in the fingers of the left hand. He says he has had the same trouble before, and that the first attack occurred fifteen or sixteen years ago. The second attack occurred some years ago, and since then he has had a similar one every March. Such a statement as this alone should lead us to suspect the presence of gout rather than rheumatism here; and especially as he tells us, in connection with it, that the great toe is always the seat of the pain and swelling. Then the pain is much worse at night, and this is a constant characteristic of gout. Finally, we have the habits of the patient to confirm our diagnosis. As a hotel waiter, he has long been accustomed to drinking all sorts of wines, and in very large quantities; and as soon as I heard what his occupation had been, I made up my mind what was the matter with him.

On examination we find that the joints of the toes are considerably thickened, but there is no special redness or swelling at present. On flexing and extending the knee-joint, a grating sound is produced, which is due to the deposit of urates on the inter-articular surfaces. There are no chalk stones in the helix of the ear, as is frequently the case in gout, nor are there any about the elbows. The deposit occurs in the latter situation in about one-third of the cases of the disease. In a case of gout, particularly if the patient has had repeated attacks, we should always examine the urine, and in the present instance we find the characteristic small, granular kidneys indicated by the low specific gravity of 1012. On raising its temperature to the boiling point, you notice also a copious deposit of albumen.

Rheumatism and Valvular Disease.

Our next patient is a currier by trade, and forty-one years of age. His father died of disease of the heart. He has usually enjoyed good health. He has had gonorrhœa, however. During the late war he was in the army, and on one occasion was shot through the left leg. In 1862 he had an attack of acute rheumatism, affecting the right knee, after exposure to wet and cold. From that time he continued well, up to two weeks ago, when he had a similar attack. The right knee and ankle-joint were first affected, being much swollen and very painful. The swelling has now subsided, but there is still considerable tenderness in these parts. The disease, however, has attacked the left hand, and we find marked redness and swelling, both over the knuckles and at the wrist-joint. The left elbow is also somewhat affected, and he complains of pain in his shoulders in addition. Any joint in the body is liable to be attacked by rheumatism, and it may even affect the intervertebral articulations. If the seat of the disease is in the articulation of the atlas with the axis, the patient will not be able to rotate the head; and if it is in the articulation of the atlas with the occipital bone, it will be impossible for him to nod it forward or backward, on account of the extreme pain caused by these motions.

On looking at this patient carefully, you will notice that there is distinct pulsation of the arteries of the neck, and we should, therefore, by no means, neglect to make an examination of the heart. Auscultation reveals a well-marked, double aortic murmur, and, also, a slight systolic murmur at the apex. I am not positive whether the valvular trouble is of recent origin, or of long standing, but think the latter is probably the case, though the patient is not aware that anything has ever been the matter with his heart. The apex-beat, I find, is a little further to the left than it should be, and an examination of the right side of the chest shows that it is not caused by pleurisy or pneumothorax situated there. This patient has not had any of the acid-sweats which so frequently occur in acute articular rheumatism.

Death after Aspiration.

In conclusion, I will mention that the patient with empyema, in whose case you saw aspiration performed last week, died very suddenly a short time after the operation. The cause of death was exceedingly obscure, but as at the autopsy I found some gas in the right auricle and ventricle, I am inclined to believe that this arrested the heart's action.

Now, how did the gas get there? There had

been no decomposition whatever; so that it must, in all probability, have come from the blood. Up to the time of her sudden death the patient was doing extremely well.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, March 1877.

Specially Reported for the Medical and Surgical Reporter.

Obscure Nervous Disorder.

Dr. Caldwell.—I wish to call the attention of the Society to the child which I now present. He is three and a half years old; no lack of muscular development; teeth and hair normal; no constitutional taint that I have been able to discover; in fact, perfectly healthy. He is unable to speak, and has lost the power of co-ordination of the upper and lower extremities to a considerable extent, but the lower more than the upper. He walks in a tottering manner, and gets frequent falls, and always strikes his forehead. There was no sudden loss of power, and no febrile symptoms as are generally seen in infantile paralysis. There is a little tendency to talipes valgus. Every muscle responds well to the electric current. I have been using faradism and phosphureted oils all over the body, and there has been much improvement. Has been under treatment about four weeks. His father did not walk until he was four years old.

Dr. Miles.—From the well-developed condition of the child, it has more the appearance of pseudo-muscular hypertrophy than anything else.

Dr. Caldwell.—I have been unable to find the cause of this condition. The child has had the diseases incident to childhood, but no serious illness.

Dr. Morris asked the mother if it had had measles, scarlatina, whooping cough, or cholera infantum. She said it had entirely escaped these diseases, but about eighteen months ago it had suffered from what the physician said was a disease of the brain. He had spasms and violent screaming spells coming on every night, and lasting for three or four hours. Was sick at that time nearly a year.

Dr. Caldwell.—No history of brain trouble; had summer complaint and great debility afterwards.

Locomotor Ataxia.

Dr. Morris presented the patient in order to get the opinion of the society as to the diagnosis. Man, aged 55, cutler; been under treatment four months. The first symptom was a tingling and numbness in his hands, then pain in back, waddling gait, inability to retain his urine for any length of time, but no incontinence. Six weeks ago I brought him before the society, and the above symptoms were present, together with slight vertigo, some choreic movements of the head, and a sense of constriction around the waist. Since then he has improved somewhat. There is less pain in the lumbar region, little or no trouble with his bladder, not so much constriction, walks better, appetite and sleep good. More or less feeling of tension; more over back; not much over abdomen; no pain in the back; more a tingling sensation; not so much numbness in hands and arms, but has a contracting sensation, as though the muscles were tearing, but this is not continuous. Some slight vertigo in the morning. Had pain in calves of the legs, but this has disappeared; no trembling; no disorder of the special senses.

Dr. Arnold.—In cases of this kind we have to be guarded in our diagnosis. This may be a functional complaint, and may depend upon rheumatism, and if so, it may be relieved. If the trouble is organic, it may be called myelitis, either subacute or chronic. Sclerosis may be called a myelitis, as there is some inflammation, and some consider locomotor ataxia an inflammatory process, while others think it an atrophy. Here, if we attribute the trouble to the cord, we may call it myelitis. I do not think it is locomotor ataxia, for some of the most characteristic symptoms are wanting. In the first stage there is neuralgia, from intense paroxysms of which, in the lumbar region, foot, etc., the patient may suffer for years. The girdling sensation he has, but not to the extent usually seen in sclerosis. The implication of the special senses is absent. In the second stage the ataxic symptoms become prominent. Here there is no want of co-ordinating power; the man walks fairly, and so I think we are hardly justified in calling it locomotor ataxia. I am almost tempted to believe it is merely functional, dependent upon some rheumatic taint. It has developed too rapidly for locomotor ataxia; this might occur, but is not usual. If we look upon it as functional, we can give a much more favorable prognosis.

Dr. Miles.—If this were a clear case it would not be here. It is important to diagnose before it becomes so plainly developed that any one could recognize it, for all hope of cure is limited to the early stage. Trousseau was the first to call attention to the optic symptoms of locomotor ataxia, but they are not invariably present. Pain may not be a prominent symptom, and in some cases it is entirely absent. The essence of the disease is the absence of the power of co-ordination with complete muscular power. I think this is a case of commencing locomotor ataxia. There is no dragging of the foot, which is almost the first symptom of myelitis, nor that stiff step seen in sclerosis. I have never seen such a case result from rheumatism.

Dr. Lynch.—We must agree that there is a lesion in the cerebellar region, or the posterior columns of the cord, and the symptoms are not such as will absolutely decide. There is no symptom pathognomonic of locomotor ataxia. The constriction of the body is

more common in general than partial myelitis, and indicates the point of inflammation. The symptoms correspond more nearly with those of locomotor ataxia. His improvement is also in accordance with this view, for it is not uncommon, but in myelitis there is none. What has been the treatment, and does Dr. Morris attribute the improvement to it?

Dr. Morris.—Sponges, wet with hot or cold water, alternately, to the lumbar region. Internally, a pill containing phosphide of zinc, one grain; arsenious acid, one-twentieth grain; and sulphate of quinia, two grains; three times a day.

Dr. McDowell.—I examined a well marked case of ataxia some time since, and there was no eye trouble whatever.

Dr. Lynch.—The symptom may be very evanescent.

Dr. Morris.—Here comes a practical point: this man wants to go out; says he feels better in the open air, etc. Shall I allow him to exercise and attend to his business, or not? If myelitis, he ought to keep quiet.

Dr. Miles.—I do not think moderate exercise would do him harm.

Dr. Arnold.—Not at all.

Laceration of the Cervix.

Dr. Murray.—A young married lady, complaining of great debility, much nervous prostration, and profuse leucorrhœa, came under my care a short time since. She had been treated by several physicians without benefit, and her trouble seemed to date from her last confinement. General tonics, local astringents, and even pessaries, had been used without avail. Upon speculum examination the cervix was found to be ruptured nearly up to the vaginal insertion, and the cervical mucous membrane was everted and much inflamed. With the assistance of Dr. Howard the parts were brought together by wire suture, and healed promptly, and the lady speedily recovered her health.

Dr. Arnold.—Rupture of the cervix is a very common thing, and it would be hard to find a woman who had borne children with a symmetrical os. I have never seen any trouble from these fissures or tears; they always heal kindly. The circular laceration of Emmet is the only form for which an operation is necessary.

Dr. McDowell.—It is not the laceration that produces the trouble, but the friction of the everted cervical mucous membrane; where it is not everted the powers of nature are sufficient for the cure.

Dr. Seldner.—If there be so much trouble from these lacerations, how is it that Sims can split the cervix with impunity, in cases of stenosis? In his cases it required watching to keep the cut from promptly uniting.

Editorial Department.

Periscope.

The Treatment of Consumption.

The February number of the *American Practitioner* contains a review of his own experience in the treatment of phthisis, by Dr. Austin Flint. We extract his conclusions:—

1. Benefit, more or less marked, is derived, in a large proportion of cases of chronic phthisis, from a temporary change of climate. This benefit seems to relate more to circumstances which are accessory or incidental to the change, than to any special climatic agency.

2. Change of habits, from those which are sedentary and confining within doors, to those involving out-of-door life and activity, has a favorable influence in cases of phthisis, which is, perhaps, greater than that proceeding from any other class of hygienic measures. It is probable that the influence from this source explains, in part, the benefit derived from change of climate.

3. The benefit derived from change of occupation is due to a change of habits, involving more out-of-door life and activity.

4. A permanent change of residence is beneficial in certain cases, the favorable influence being more or less attributable to accessory circumstances.

5. Sea voyages have, in a large proportion of cases, a favorable influence, which is sometimes very great; and this is an accessory circumstance which, in certain cases, contributes a share of the benefit derived from a change of climate.

These conclusions may seem very moderate and tame to one who thinks that brilliant developments only can compensate for clinical work. The conclusions, however, are not without important practical bearings. Their general tendency is to lessen confidence in a purely climatic influence on phthisis, and to enhance the value of hygienic measures which are more available, involving less hardship than the pilgrimages made by so many phthisical patients, with the risk of dying away from home and friends.

Craving indulgence for the length to which this article has reached, I shall state in a few words the results of my studies relating to the medicinal treatment of phthisis. To establish the curative effects of different remedies, is certainly not less difficult than to determine

the influence of particular hygienic measures. The same requirements are necessary, and we must be satisfied with rational conclusions, which, in view of the results of clinical study, are to be considered as probably correct.

An analysis of eighty-four cases into the treatment of which cod-liver oil entered, led to the conclusion that this remedy was useful, although not developing proof that it exerts a potentially curative influence. Of the curative power of the hypophosphites, my cases do not afford much evidence, but the analysis was limited to sixteen cases. In seven of fifteen cases in which alcoholics were taken freely, they appeared to be notably useful. Palliative remedies, of course, constitute an important part of the treatment in cases of phthisis, but I did not undertake to analyze the histories with regard to the efficiency of these.

The Classes of Phthisis.

In a late number of the New York *Medical Journal*, we find that Dr. A L. Loomis, of New York, divides consumption into the catarrhal, the fibrous or bronchial, and the tubercular phthisis. If a diagnosis is made as to the variety, we are in a more satisfactory condition to say what will be the chances of recovery, and we can also obtain a more accurate impression as to the value, if any, of therapeutics.

If a case of phthisis presents himself for examination, and it is found that the disease began with the ordinary symptoms of a cold, and that this cold periodically improved and relapsed, but that the cough never left him, but became more pronounced, and deepened into what we usually find in advanced phthisis, accompanied with emaciation and occasional hæmoptysis, we are in a position to say that the patient presents the usual characteristics of catarrhal phthisis.

If, however, he gives a history of persistent cough for many years, as is found in chronic bronchitis, and eventually furnishes the rational history of advanced phthisis, with the presence of cavities on the lung, we may consider him as having the disease of the fibrous form, in which cavities are the result of dilated bronchi.

Finally, if the patient says that an early symptom was emaciation, with impaired digestion, accompanied by a dry, hacking cough, and if, moreover, there was a steady rise in the temperature, we are justified in suspecting the presence of tubercular phthisis.

The Cure of the Opium Habit.

Dr. W. C. Blalock writes, on this topic, to the Atlanta *Medical and Surgical Journal:* All I want to know is the exact dose and how often taken, and I generally inquire as to impairment of digestion and constipation, as it is necessary to the successful management of a case to overcome these difficulties.

If I find a patient using six grains per day, I give the following preparation:—

℞.	Morphine,	gr.lxiv	
	Sulph. strychnine,	gr.j	
	Water,	℥ij	
	Simple syrup,	℥vj.	M.

Dose.—Teaspoonful three times a day, not to be increased except by my advice.

You see, from this formula, that I reduce from six grains per day, down to four. You will see, allowing six teaspoonfuls to the ounce, the preparation will last sixteen days. I find this time about long enough to run on this prescription. Now, should I find this formula to work well, and it always will if you can get them through the first sixteen days, I reduce again—will give the following:—

℞.	Morphine,	gr.lvj	
	Strychnine,	gr.j	
	Water,	℥ij	
	Simple syrup,	℥vj	M.

Dose same as before.

You will see I reduce from 4 grains per day down to 3½ and so on. I never reduce the strychnine, for all know it has a good effect in constipation dependent upon deficient tone of the muscular coat of the large bowels, in addition to its taking, to some extent, the place of opium. I have by this plan of gradual reduction run them perfectly out, and finally only give them the strychnine.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Buffalo *Medical and Surgical Journal*, after a suspension of four months, has resumed publication.

——A study of Thoracentesis, and especially of the causes which have produced sudden death after the operation, by Dr. Beverly Robinson, of New York, has been reprinted from the *Medical Record*. He believes that in nearly all cases danger can be avoided by proper precautions.

——The "Report upon the Census of Rhode Island, 1875," by Dr. Edwin M. Snow, superintendent, is a model of instructive arrangement and judicious remark. He brings out many facts of interest to the physician and the statesman. 1 vol., cloth, pp. 159, Providence R. I.

BOOK NOTICES.

The Annual Report of the Board of Directors of the Pennsylvania Institution for the Deaf and Dumb, for the year 1876.

We have received this valuable report from the principal, Joshua Foster, Esq., and find that during the year just closed the number of pupils received into the institution was larger than at any former period. On the first of January, 1877, there were in the Institution 180 boys and 136 girls. Total 316. The fifty-three families contain more than one deaf mute, but none of the parents were related in any degree before marriage. It is a subject of congratulation to the writer of this notice, that the Directors, ever alive to the interest of the pupils, and to the influence of public opinion, have introduced Bell's* system of visible speech. Articulation had always been taught in the Institution; but the managers, impressed with the belief that Bell's system possessed advantages over that in use, have introduced it, under the charge of Mr. Edward B. Crane, of Boston, a pupil of Professor Bell. It may be asked what is "visible speech," and what are its peculiar advantages in teaching articulation to deaf mutes?

"The answer, as given by Mr. Crane, is as follows: 'Visible Speech is a representation, by means of graphic symbols, of the various positions of the vocal organs while uttering articulate sounds. These various positions may be so accurately defined that the slightest variation from the one desired can be instantly shown, while the symbols, though they are of necessity complex at times, are easily comprehended by the youngest child. These capabilities are of great advantage to deaf mutes, since they may not only be shown accurately what to do, but, in case of mistake, may be told what they have done, and thus their very mistakes are made useful, since each willful repetition of any position gives increased control of the vocal organs.'

"Between fifty and sixty of the pupils are now members of the articulation classes, and each class receives a lesson daily. It is, of course, too soon, as yet, to look for very striking results, but the pupils generally have taken hold of the new study with interest and zeal, and in some cases sounds, which long-continued effort on the part of both teacher and pupil failed to elicit, are by the new system easily produced.

"As it would be manifestly inadmissible to have two methods of teaching articulation going on at the same time in the Institution, it was necessary, in order to insure uniformity in the work, that the other teacher should become a learner, and at once study the new system. This she has done, and all the classes are now taught according to the same method. A new Institution has recently been opened for the instruction of the deaf mutes of the western part of the State, situated temporarily at Turtle Creek, Allegheny County. It is called the West Pennsylvania Institution for the Deaf and Dumb, and has for its acting principal Mr. James H. Logan, a former pupil of this Institution. It is proposed, as soon as practicable, to put up permanent buildings on a site nearer Pittsburgh, large enough to afford room for all the deaf mutes of the western counties of the State."

The Practitioner's Hand-book of Treatment; or, the Principles of Therapeutics. By J. Milner Fothergill, M.D. Philadelphia, Henry C. Lea. Cloth, 8vo, pp. 569.

This is an effort, by an eminent medical writer, to explain the action of remedies, or, as he expresses it, "not to give prominence to new therapeutic measures, but to analyze the *modus operandi* of the measures in common use."

After an introduction he has a series of chapters on physiological and pathological processes, such as assimilation, excretion, inflammation, congestion, blood poisons, diatheses, the cutaneous, nervous, respiratory and lymphatic systems, food, etc.

Under these various headings he states his views on the rationale of medication, on the action of the remedies generally exhibited, on the forms of disease most common, and the like. His plan is not very regular—now a disease, now a drug, and again a physiological process, being taken as the leading subject; the style, however, is always fresh and incisive, while the opinions he advocates are always thoughtful and carefully presented. It is a book which can be read with advantage by every practitioner, and will serve, in many ambiguous cases, as a guide, or at least as a counsellor.

*See also Lectures on this System, by Dr. L. Turnbull, in the MEDICAL AND SURGICAL REPORTER, Philadelphia, December 7, 14, 21, 1872. See also Annual Report, 1875, p. 334, April, 1876.

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THE TENDENCY TO SUICIDE.

A statistician states that the daily number of suicides in France is sixteen. If one may roughly guess from those reported in the newspapers, there are more than that in the United States. Hardly a day passes but in all our large cities one or several are chronicled. Some reliable observers say the increase has been marked since the financial troubles of 1873.

In many respects the natural history of suicide deserves a most attentive study. To be sure, there have been many articles written upon it; but they seem to have regarded it from too restricted a view. One side would make the act *prima facie* evidence of cerebral disease; others would recognize no disease about it, but consider it in all instances proof of moral obliquity. To the latter belong life insurance companies and religious societies. The superstitions of the middle ages and the customs of feudalism first assigned this ill interpretation to the act. As is well-known, in the ancient world, neither Jew nor Gentile entertained any abhorrence for self slaughter—often, indeed, held it to be a noble deed.

That it is often a consequence of mental impairment is undoubted. Mania with suicidal impulse is a very familiar form of alienation. But the preference of death to life, disassociated with any other symptom, is certainly insufficient evidence of mania. Hamlet has well stated, in his famous soliloquy, the momenta which commend that preference to many minds. The one deterrent consideration he mentions—"in that sleep of death, what dreams may come, when we have shuffled off this mortal coil"—has, in fact, little weight to a man sound in body.

The proneness to suicide is largely a question of race. Among the brown and red races, the Chinese and American Indians, it has always been common. They cling but little to life under very adverse circumstances. The white race resist longer, and the black probably the longest. The annals of West Indian slavery give abundant testimony on this point.

The determination to live, not through a superstitious horror of death, but through a native and aggressive vitality, is the surest omen of success in an individual, State or race.

There is something which conquers in such minds. Statesmen have over and over again acknowledged it. "Time and I," said Philip II, "against any other two." "*Tout vient à qui sait attendre*," was a motto of Talleyrand.

In education this frame of mind should be diligently cultivated; and in the sanitary government of the State the exciting motives to suicide should be carefully sought out and abolished, even by a resort to unusual measures, as that employed at Frankfort in the last century. There was quite an epidemic of suicide in that city, principally among young women. The city fathers having tried in vain milder measures, at last ordered the body of every suicide to be suspended naked by the heels. It was done, and in a very little time

the fancy for killing themselves had deserted the breasts of the fair daughters of the city.

Suicide in India, though still frequent, has decreased under the administration of the British Government. The customary modes of self-destruction in that country are, by hanging, drowning, and taking poisons. Contrary to the experience of Europe and America, the greatest number of suicides occur among the female sex; but in India, as elsewhere, bodily diseases enter largely into the causation of the act, and of these the most common would seem to be disorders of the abdominal organs. These disorders have an extremely depressing effect in the lower provinces, where the pain caused by bad rice, inflamed spleen, worms, gastric ulcer, inflamed intestines, etc., is frequently the incentive to suicide.

This last remark, indicating the suicidal impulse as a tendency in certain diseases not usually supposed to produce marked mental symptoms, has an important bearing on the relation of suicide to life insurance. The most recent student of this subject is Dr. J. W. Eastwood, in the *British Medical Journal*, of February 17th. He shows that companies have no constant rule about paying policies to the heirs of suicides. Of 81 English and American Companies, he finds—

5 always pay without any conditions, and these are the Mutual, New York, Northern, Positive, and Standard.
2 pay after 6 months' insurance.
8 " 12 or 13 months' insurance.
4 " 3 years' insurance.
1 " 4 " "
12 " 5 " "
1 " 7 " "
48 pay according to the discretion of the directors.

The conclusions he reaches are as follows, and they seem very just ones.

1. The present rules and practice of insurance societies is thoroughly irregular and uncertain, no distinct principle being uniformly acted upon, except that those to whom a policy is alienated are most tenderly considered.

2. The idea of a person's assuring his life, and then deliberately committing suicide, is of such rare occurrence as only to justify very moderate precautions.

3. The fact that a person having insured his life prevents him from committing suicide is a very questionable statement, and has not been proved by any known facts.

4. The present restrictions are severe and unreasonable towards those who are almost always of unsound mind, and ought to be done away with or materially modified.

He recommends, therefore, a uniform practice, which would meet the views and objections of the insurance societies, and would be far preferable to the present state of things. In order to prevent a person from insuring his life and immediately committing suicide, in every case the full amount of the policy should be paid after thirteen months: that is, when two annual premiums have been paid. This would be a sufficient protection to the offices, and, if death took place, it would not appear so great a loss to the family, to whom the premiums might be returned. After thirteen months the policy should be a positive one, and the question of soundness or unsoundness of mind should not be raised at all.

Notes and Comments.

The "Stretches."

Dr. R. W. I'Anson, writing from Surry Co., Va., to the Virginia *Medical Monthly*, says:—

There is one quite common complaint here to which I would call attention. At some period during the first month of infantile life the little creatures are taken with what the old ladies call the "stretches." This name reveals the most prominent symptom in the case. The infant appears to have chills, but does not, for there is seldom any fever, and the course of the complaint is slow. I attribute the nervous symptoms to imperfect performance of some function of the liver, which, unless remedied by proper treatment, is apt to cause convulsions, and terminate fatally. For such cases, the following prescription succeeds well:—

℞ Blue mass, gr.ij
Dover's powder, gr.j
Sulph. quinine, gr.j
Prepared chalk, gr.ij. M.

Divide into eight powders. Give one every four hours, *pro re nata*.

In some cases the disease yields readily to this treatment; in others it is more obstinate, and returns from time to time; in these latter cases give mercury and chalk every other night, until the liver acts freely.

Improved Formula for Hydrobromic Acid.

The American *Journal of Pharmacy*, January, 1877, recommends the following as the most convenient formula for hydrobromic acid (recommended by Dr. J. Milner Fothergill).

Water.	Potassium Bromide.	Tartaric Acid.
fl.℥j	80 gr.	100 gr.
Oj	2 Troy oz. 320 gr.	3 Troy oz. 160 gr.
Oiv	10 do 320 gr.	13 do 160 gr.

The bromide should be dissolved in three-fourths of the water and the tartaric acid in the other fourth; after mixing the solutions well, it will be found advantageous to expose the mixture for some time to a temperature of about 32° Fahr., and allow the greater portion of the cream of tartar to crystallize out. With the above proportions there will still be a slight excess of potassium bromide. It is scarcely necessary to remark that the cream of tartar thus obtained, after having been washed with cold water, is very pure, and may be utilized.

An Epidemic of Boils.

Dr. Henry Gibbons, of San Francisco, says, in a recent paper in the *Pacific Medical and Surgical Journal*:—

The furuncular diathesis, and probably the carbuncular, are sometimes epidemic. In 1851, shortly after I commenced practice in this city, I was surprised to observe the immense number of people who had boils. They were attributed to the almost exclusively animal diet of the early settlers, for vegetables were scarce in those days. But a similar tendency to boils was noticed at the same time in the Atlantic States and in Europe. In fact, a furuncular diathesis pervaded both hemispheres for nearly or quite two years.

Professor Neumann's Treatment of Acne Rosacea.

This eminent authority recommends the following procedure:—

The dilated vessels are cut across with a cataract needle; the diffusely reddened patches lightly scarified; large tubercles or tumors, if present, removed by means of the *curette*, and the bleeding resulting from this operation arrested by the application of dry lint or charpie. A solution of carbolic acid, 1 part, to alcohol 3–4 parts, is then applied, by means of a camel's-hair pencil, to those spots showing only diffuse redness, without appreciable vascularization. The pain caused by this application is not severe, and soon vanishes. The caustic first turns the skin of a milky color, which, however, quickly disappears. A thin pellicle is formed, which scales off spontaneously in a few days; this action may be hastened by repeating the application of the acid solution twice or three times a week. This method is especially suitable in the treatment of those cases in which there is much diffuse redness, with little thickening and infiltration of the skin.

The Phosphide of Zinc.

Considerable attention has been directed to the value of this preparation, as a means of administering phosphorus. We believe a French writer, M. Vigier, first pointed out its advantage as a preparation, much more stable, and more easily handled than phosphoric oil, the composition of which is liable to alteration. Four parts of phosphide of zinc contain one part of phosphorus, though the physiological action is equivalent to only half the quantity of phosphorus present. M. Gueneau de Mussy commences with a dose containing about one-sixth of a grain of phosphorus, increasing the quantity gradually, whilst observing the physiological effects, and discontinuing it when any signs of intolerance appear.

In herpes zoster, Dr. L. Duncan Bulkley gives one-third of a grain every three hours. We have ourselves employed it in nervous exhaustion from various causes, giving one-half a grain thrice daily, with very positive benefit. It is, however, better to commence with smaller doses.

Respiration of the Fœtus.

Dr. Zweifel, in an article in the *Archiv der Gynæcology*, states that he has demonstrated the presence of oxyhæmoglobin in the blood of the vessels of the umbilical cord, by means of the spectroscope, thus showing that it contains oxygen. In other experiments he opened the gravid uterus, and, on producing asphyxia artificially, observed, after the lapse of a short time, the bright blood of the umbilical vein became dark, taking the precaution of immersing the animal in a bath of common salt. He found that asphyxia was produced in the fœtus, when the supply of air was cut off in the mother, in about the same time as in the newly-born animal.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

By an Invalid Physician.

LETTER XI.—CALIFORNIA—THE CITY AND SURROUNDINGS OF SAN FRANCISCO.

Whether arriving overland or by sea, the invalid, on reaching California, generally makes his first halt in the city of San Francisco, or some of the immediately surrounding towns. A great many patients are consigned direct to Santa Barbara. That a permanent stop in or anywhere around San Francisco is a bad one for the majority of consumptives will be shown by this letter. Santa Barbara, a kind of new world Mentone, will be noticed in a subsequent letter on the California coast.

The old settlers out here have imbibed enough of the Spanish disposition to love anything or anybody that flatters their State, but they are enormously and disagreeably jealous of the truth as to any of its demerits. California is a big place, as large, if I mistake not, as all New England and Pennsylvania thrown in. The county of San Bernardino alone contains sixteen thousand square miles, a tract of land larger than half the New England States. But the invalid who thinks that all that is necessary is to reach California, and then settle down anywhere, will be grievously mistaken. In the northern part of the State, for instance, he would be drenched out by cold rains during the rainy season, and soon sleep such a slumber that

> "Not poppy, nor mandragora,
> Nor all the drowsy syrups of the East
> Could medicine him to such a sleep."

Climate in California is like the precious metals, confined to spots. What is known as the rainy season commences in November and lasts until March, but even then many fair, warm, beautiful days prevail, the fine weather sometimes lasting for weeks. From April until November the umbrella is laid permanently aside. The past winter (1876–77), has been one of drought, but however destructive this has been to other interests, it has brought a long succession of bright restorative days to the invalid.

When I compare what I have seen of parts of this State with those portions of France and Italy now so largely resorted to by consumptives, my regret is that we do not draw that class of cases from abroad; my wonder and pity are that American invalids should "coquette with death" along the Riviera, and leave behind lands that breathe such fairer promise. In its beauty and cheapness of living, California has been over-written. Its treeless stretches and desert wastes are certainly far from pleasing to the eye; and that outgrowth of American civilization, called monopoly, has made travel, especially by rail, very expensive. Money commands an interest as high as two per cent. a month. The professions, especially the medical and journalistic, are jammed. For doctors and newspapers an average-sized California town is a nine days' wonder. Notwithstanding what I have written, however, the State abounds in districts of beauty, productiveness and healthfulness; and I doubt not here, as elsewhere, true merit finds best appreciation. Above all, being that with which we are most concerned, the consumptive finds places where he can live the year through, and thus escape those dragging journeys from north to south, and vice versa, which, in the eastern part of our country and in Europe, are necessitated twice a twelvemonth. Within an easy journey of fifty miles a patient can change his climate from sea shore to mountain-top, through all intermediate grades.

If the reader will look at a map of California, he will see that two coast counties, Mapin on the north, and San Mateo on the south, become narrow peninsulas as they approach each other. They are prevented from touching by a narrow channel called the Golden Gate, which is the entrance from the Pacific Ocean into San Francisco bay. Along the whole length of the California coast run mountain and hill ranges, which go under the common title of the Coast Range. These mountains run clear to the borders of the Golden Gate, and, as we shall see, exercise a commanding influence over the climate of San Francisco.

The city of San Francisco is built on the inner or bay end of the San Mateo peninsula. North of it is the gradually widening channel of the Golden Gate, and east, the large, irregular San Francisco Bay. Away from the bay stretch numerous valleys, as those of Napa, Sacramento, San Joaquin and Santa Clara, separated one from another by hill and mountain ranges. The prevailing winds on the Pacific coast are from the northwest and west. As these come rushing upon the land, they are shielded off by the coast range of mountains. But at San Francisco they find an entrance through the Golden Gate, and rush in at times uproariously. It is in summer, however, that San Francisco is particularly unendurable to the invalid. At that time the valleys I have named become excessively heated during the day, the mercury ascending above a hundred in the shade. The heated air rising, leaves a tendency to a vacuum, to supply which the cool sea air comes rushing through the Golden Gate in a perfect gale. The winds usually commence about eleven in the morning, and increase until the sun goes down. San Francisco is placed right in the force of the current, in the entrance of a funnel, as it were. All day the dust is blown in clouds over the streets, and toward evening the fog comes rolling in.

It is so thick that those exposed to it have abundant perceptible moisture upon their clothing, as though exposed to a light shower. These winds are chilling, and a perfectly well San Franciscan, if he wears thin clothing in the

morning, changes it for thicker in the afternoon, and when he goes to walk or ride, takes his overcoat.

The mean temperature of San Francisco is pretty regular. I do not think it varies more than eight degrees the year round. The lowest temperature observed in the city during the past January (1877), usually the coldest month, was 46° Fahr., and only on five days of the month did the mercury fall below 50°. The mean of the month, as determined by the Signal Service Meteorologist, was 54°. The maximum and minimum thermometer for the past February was as follows:—

DATE.	MAX.	MIN.	DATE.	MAX.	MIN.	DATE.	MAX.	MIN.
1	64	57	11	60	53	21	66	57
2	67	58	12	58	52	22	66	57
3	65	60	13	62	50	23	64	59
4	62	55	14	60	53	24	63	56
5	63	55	15	63	54	25	61	54
6	62	55	16	61	52	26	60	53
7	63	55	17	63	52	27	64	53
8	63	54	18	67	54	28	63	55
9	62	54	19	66	55			
10	60	53	20	66	56			

San Francisco is a new, and therefore in many respects, a crude city. Its highest individual and corporate ambition seems to have been directed to the erecting of palatial hotels. I would caution invalids against one of these, the "Palace:" its corridors and court are damp and chill. Many of the business men of San Francisco have their homes in some of the beautiful towns that surround the bay. The chief of these suburban resorts is Oakland, to my mind the prettiest town of the State. The climate of Oakland is undoubtedly softer and milder than that of San Francisco, escaping the rush of wind, and banks of fog, that at times envelop the latter city. Nevertheless, Oakland has winds and fogs. Its climate, most of the year, belongs to the warm, moist variety, but there are times in winter when it suffers from cold and moisture, the latter being the worst combination for the invalid. I spent the first week of March in Oakland. Everywhere the grass was green and luxuriant, the fruit trees were in bloom, and flowers of every hue and variety—roses, magnificent calla lilies, geraniums, violets, pansies, mignonette, grew in every yard. My thermometer showed the following:—

MARCH.	8 A. M.	NOON.	5 P. M.	
1	62°	64°	62°	Cloudy A. M. Showery P. M
2	58	60	58	Rain.
3	54	60	58	Clear and Cloudy.
4	52	66	65	Clear.
5	58	66	62	South Wind, Cloudy.
6	62	70	60	Clear and Cloudy.
7	54	72	60	Clear.

The spring climate of Oakland impressed me as very much like that of the Irish lakes about early June—full of warmth, moisture, and constantly changing winds. A writer of acute observation and great information says, in the Boston *Advertiser*, in a letter from Oakland, in August, that before nine A. M. one rides out under a fog bank, and for some time after that hour he rides in it. Now, fog is directly hurtful to the invalid, not from respiring it, but from its suppression of cutaneous action. In that way it indirectly congests the lungs. What is true of Oakland is more or less true of all the settlements, like San Raphael or Alameda, along the bay, and also of the towns, like San José, that are in the valleys leading from the bay, although at some distance from it.

San José is located in the middle of the Santa Clara Valley, a great fruit and grain district, eight miles from the southern arm of San Francisco Bay. It is an attractive and thriving town, and is connected with the village of Santa Clara, three miles distant, by a beautiful drive (shaded in summer) called the Alameda. The coast hills ward off the winds and fogs of the Pacific, but they do not prevent a supply coming down via the Golden Gate and the southern arm of the bay. I was at San José during a portion of February, and experienced some chill, raw weather. The following is the mean temperature for one year, though it must not be forgotten that frosts occasionally appear in winter, and excessive heats in summer.—

MONTH.	6 A. M.	NOON.	6. P. M.
January	36.68	54.42	48.00
February	38.93	58.32	48.61
March	39.99	62.58	51.29
April	50.37	69.23	54.00
May	48.26	69.90	54.97
June	52.40	77.03	60.40
July	55.32	81.71	64.84
August	53.16	83.74	64.87
September	55.63	79.17	65.10
October	46.48	74.68	63.06
November	34.40	59.77	52.80
December	36.61	54.68	45.26

While I do not approve of the valley or bottom lands that radiate from the bay, as a residence for consumptives, I regard the hill ranges in quite a different light. The hills, for instance, that separate the Santa Clara and San Joaquin valleys, rise to an altitude of two thousand feet. They are arable and fertile to their summits, and timbered (more especially the hills that separate the valley from the coast), with red woods, oak, spruce, etc. High up in these hills are valleys and bits of tableland, affording a good retreat for the invalid. I have driven out of San José in the morning, when it was foggy and chilly, and after ascending the hills a thousand feet, have come out into a crisp, dry, invigorating air, a sunny day, and could look down upon the town and valley bathed in a white lake of fog. The days in these uplands are neither too hot nor too cold, and night always brings enough cool to make sleeping under blankets desirable. In fact, most all California lays claim to cool nights. Earthquakes are sometimes felt here, as elsewhere in the State. Upon these hill-sides occurs what is known as the "warm belt," a district rarely touched by frost, and extending from four to twelve hundred feet of altitude. The phenomenon is supposed to be due to the warm air of the valley arising at night along the mountain sides, meeting the cold current flowing

in over the mountains, whereby the warm air is formed into an eddy, hugs the land, and wards off the colder temperature.

In selecting a home, the invalid should have protection from ocean winds. A mountain valley, or table-land, that opens toward the south and east, is the most desirable. An invalid should contract for an abundant supply of milk, eggs and fresh meat, as a daily diet. Some very desirable localities otherwise, are unfit for residence on account of the difficulty of obtaining a proper supply of wholesome and nutritious food. Climate, in its best definition, means just as much what is wholesome and proper to eat, as what is requisite and healthy to breathe. You can put a plant on the most sunny, protected spot imaginable, and carefully look to its leaves, but if you neglect the requirements of its roots, and withhold the fertilizing elements, the sun and the artificial supports will alike prove value less. Whenever I am recommended to a country place, I first ask if they keep cows; and secondly, if they milk them; and thirdly, if they put plenty of the milk on the table.

This is simply an initial letter on California, but it may be as well here as elsewhere to give the following advice. It is well known to the profession, and should not be kept secret from the patient, that a man who contracts organic disease of the lungs, has, under the most favorable auspices, a long, hard fight for partial or complete recovery. It logically follows, therefore, that if one so afflicted finds a place where he can with comparative comfort live the year through, he should be chary of leaving it. At all events, he should not "kick against the pricks," and insist on returning to an occupation or a climate that he could not follow or live in. Nevertheless, a man should be fully satisfied that the place is going to agree with him, before making investments as to a permanent home. Great pressure is brought on those coming to California to buy homesteads; and land agencies, towns, etc., are not slow to set forth, in glowing terms, the cheapness, productiveness, and healthfulness of the various localities in which they may be interested. To read all the flattering prospectuses set forth by the mine owners, the grain producers, the fruit growers, and the stock raisers, is apt to addle one financially. My advice, in conclusion, to one coming to California afflicted with much phthisis and little capital, is to make haste to get rid of the first slowly, and of the latter not at all—at least not until his investments are more the result of his judgment and experience than of other men's representations.

I read once, in the Reporter, an editorial agreeing with Gladstone's statement that the medical profession will ultimately become the profession of general instruction and culture to humanity. When I see, therefore, invalids sought out as a class from whom moneyed investments are expected, I think it in keeping with the spirit of these letters to maintain as generous a guardianship of their funds as I have tried to of their lungs.

Embryotomy Under Difficulties.

Ed. Med. and Surg. Reporter.

The few notes I send you, though embracing no new fact in science, may prove an encouragement to your younger readers, and suggestive to them in difficulty.

About the 10th of March, 1875, I was in consultation with a man of some reputation as an accoucheur, to see Mrs. G., then in the second stage of labor. The waters were discharged two days before; the child immovably impacted in the pelvis—left shoulder presenting. The uterus had ceased to act, or rather had become tonically contracted on the fœtus, and the woman apparently well nigh exhausted. As I could not reach the feet so as to turn and deliver, and being compelled to return home on account of illness in my own family, and the "Doctor" not being willing to proceed alone, we ordered a grain of morphine, and left, with the understanding that we would meet the next morning and deliver her.

Accordingly, at the hour appointed, though it was cold and the rain fell in torrents, I was on the spot, expecting, of course, to meet my friend, the celebrated midwife, with a full line of obstetrical instruments and ready to perform the work. I was satisfied that evisceration was the only remedy, and being young in the practice myself, I was in a state of the most unpleasant anxiety lest, by some mishap, the doctor should not put in an appearance, and I should be forced to undergo what seemed to me a fearful responsibility. Well, a few hours confirmed the ominous premonitions, and the stubborn fact presented itself more clearly than ever, that if something was not done for her relief my patient must succumb. Her vital powers seemed rapidly failing. Being entirely disarmed, with no instrument but an ordinary pocket-knife, and no anodyne or anæsthetic but a pint of bad whisky, I set to work. This beverage my patient drank with all the avidity of a veteran toper, until she was pretty well under its influence, when she announced herself ready for the performance.

The parts were much swollen, and very tender from previous manipulation, so that the slightest touch gave her great pain, and a thorough examination had become almost intolerable. However, by dint of time and perseverance, I succeeded in bringing down the arm of the side presenting. To get this out of my way, I carefully amputated it at the shoulder. I then came directly in contact with the body of the fœtus. Having bandaged my knife-blade to within an inch of the point, I introduced it, using my left index finger as a director, disengaged three or four ribs from the spine, and, after some difficulty, extracted them with an old pair of tooth forceps. This made an opening sufficient for the introduction of my hand, and I soon emptied the thorax and abdomen of their contents. I was then enabled to get hold of the feet, and without much regard to ceremony, finally succeeded in bringing them down. I then gave

her a few moments' rest, after which I introduced my left index finger posteriorly, along the vaginal wall, and into the child's mouth, with the other hand to manage the body; this, of course, gave me the advantage of the situation, and she was soon delivered of a ten-pound child; there was no hemorrhage, and up to this time there had been no return of uterine pain.

I had, however, in view of this, given a dose of the fluid extract of ergot, and on introducing my hand for the removal of the placenta, found the womb still contracted, but the os sufficiently dilated. No after-trouble but slight, irritative fever. The storm of wind and rain that incessantly played upon the miserable cabin that constituted her home; the cries of her helpless children, and other surroundings characteristic of extreme poverty, together with her own agonizing situation, made up a scene which I trust I may never be called upon to witness again.

B. F. Duke, M. D.

Lake Como, Miss.

A New Abortive Treatment of Pneumonia.

Ed. Med. and Surg. Reporter:—

I wish, through your columns, to direct the attention of the profession to a new abortive treatment in the congestive stage of pneumonia; a treatment as rational in theory as it is simple and effective in practice.

During the past winter I have treated seven consecutive cases (three children and four adults) with the ergot of rye, and in every instance the disease was aborted, and the patient convalescent in from two to three days from the administration of the first dose.

I gave Squibb's fluid extract, in half-drachm doses, for adults, repeated every two hours, until the symptoms were relieved, or ergotism produced, indicated by dilated pupils, vertigo, a sense of fullness in the head, drowsiness, etc. In order to test it thoroughly, I used no other remedy, either local or constitutional, and carefully watched the result. In from twenty-four to thirty-six hours the pain was relieved; the high temperature, rapid pulse and hurried respiration brought down to their normal state; expectoration lessened in quantity, and deprived of its blood-stained character; and instead of waiting from seven to nine days for the disease to run its course, as it does under the usual treatment, our patients were entirely relieved in less than half that time.

Such a result in so many cases cannot be regarded as a mere accidental *post hoc*, but justifies the conclusion that it was the direct effect of the remedy.

The contractile power which ergot exerts over circular muscular fibre has been fully established, both by experimental and clinical observation. It is by virtue of that power that it acts so promptly in cutting short this disease; by lessening the diameter of the capillaries of the lung tissue, it relieves present and prevents further congestion, and the pain, cough, dyspnœa, and pyrexia, which are but expressions of that congestion, are relieved *pari passu*. In this manner it acts as a true antiphlogistic; indeed, should be placed at the head of the list of that class of remedies.

I hope others will give it a fair and impartial trial in the treatment of pneumonia, and report their success or failure. To do so, be sure that a reliable article is used, as much of the ergot in the market is worthless, and its uncertain or negative action due to that fact. Administer it in such doses, and at short intervals, that the system may be rapidly brought under its influence, which can only be known by producing its specific effects.

Do not complicate the treatment by the use of other remedies at the same time, but give it singly and alone; let it stand or fall upon its own merits. After the disease is controlled it should be continued for a day or two longer in diminished doses, and at longer intervals, for the weakened capillaries, if entirely set free from its contractile power, easily give way to congestion again. In one of my cases I discontinued the medicine as soon as the symptoms were relieved, and a relapse occurred, but readily yielded again to the same treatment.

J. B. Scearce, M. D.

Chilicothe, Ohio, March 13th, 1877.

News and Miscellany.

The University of Pennsylvania.

The University of Pennsylvania reopened its doors on the 20th, by the inauguration of a new Spring course of Lectures upon practical subjects, the object being to give to their students increased facilities for the study of special branches, and the acquirement of practical knowledge which can be but partially obtained in the haste of the usual Winter course.

The necessity for such a course is evidenced by the fact that the class already registered greatly exceeds the anticipations of the Faculty, and there is no doubt but that benefit will accrue both to the students and to the Institution.

The time has come for the student to realize that if he would be successful in the race with his professional brethren, he must not be content with two short lecture courses of five months each, but that he must give at least two full years to the pursuit of general and special study.

Practical instruction, such as is now offered at this Institution in this course of lectures, in the Hospital wards, at the Dispensaries, and by private teachers, should certainly tempt the student to suffer even temporary pecuniary embarrassment, in order to secure advantages that will amply repay him in the future.

The corps of lecturers is as follows:—

H. Lenox Hodge, M. D., Regional Anatomy.

DeForest Willard, M. D., Orthopedic Surgery.

C. T. Hunter, M. D., Operative and Minor Surgery.

J. W. White, M. D., Venereal Diseases.
Roland G. Curtin, M. D., Physical Diagnosis.
John Guiteras, M. D., Symptomatology.
C. K. Mills, M. D., Electro-Therapeutics.
Elliott Richardson, M. D., Practical Obstetrics.
D. Bray, M. D., Operative Obstetrics.
Louis Starr, M. D., Practical Pharmacy.
Henry Chapman, M. D., Experimental Physiology.
S. D. Risley, M. D., Ophthalmoscopy.
E. O. Shakespeare, M. D., Refraction and Accommodation, and Operative Ophthalmic Surgery.
J. H. C. Simes, M. D., Histology.

The course will continue until June, and students are admitted on a registration fee of $5. The vacancies in the auxiliary faculty have been filled by the appointment of Dr. J. F. Rothrock to the chair of Botany, and Dr. H. B. Hare to the chair of Hygiene, both excellent selections. These lectures are delivered in the afternoon, so that the entire day is occupied, and the student will find no lack of work.

Supreme Court Ruling Concerning Hospitals, in Pennsylvania.

In the case of the Wilkesbarre City Hospital vs. the County of Luzerne, error to Common Pleas of Luzerne county, the judgment has been affirmed, Agnew, C. J., delivering the opinion; Sharswood and Paxson, J. J., dissented.

This case decides the unconstitutionality of the act of 21st of May, 1874, authorizing the trustees of any hospital in any city of over 20,000 inhabitants to make a requisition on the county commissioners for funds for the support of poor patients, the funds to be paid on the orders of the commissioners on the county treasurer.

The Court say it is in violation of Section 7, Article 9, of the Constitution of 1874, prohibiting the Legislature from authorizing any county, etc., to become a stockholder in any company, association, institution or corporation, or to obtain or appropriate money for, or to loan its credit to, any corporation, association, institution, or individual.

Ring-Sickness.

This is not dissimilar from sea-sickness; it requires long experience in a ring to overcome the nausea consequent upon going round and round in one direction. One of the most difficult things for a circus-rider to overcome is this sickness. Clowns and ring-masters suffer from it greatly; at first, from merely seeing the horses go round and round; but even after years of experience, a ring-master (whose principal business in the ring is to keep the horses up to a certain gait, and not merely to give cues to the clown), if a horse balks or gets behind time, and he is obliged to keep close upon him, is very likely to suffer from a pronounced fit of sickness at the stomach after he leaves the ring.

Jefferson Medical College Hospital.

The trustees of the Jefferson Medical College Hospital have chosen the following staff: Surgeons, John H. Brinton, M.D., F. F. Maury, M.D., R. J. Levis, M.D., S. W. Gross, M.D.; physicians, J. Solis Cohen, M.D., J. C. Wilson, M.D., John B. Roberts, M.D., Oliver P. Rex, M.D.; ophthalmologist, William Thomson, M.D.; pathologist, Morris Longstreth, M.D.; gynecologist, Frank H. Getchel, M.D.

Personal.

—Dr. Jas. A. Stewart has been re-appointed Health Commissioner of Baltimore.

—The Count de Kergaredec, M. D., the first to apply auscultation to the detection of the fetal circulation, died last month in Paris, at an advanced age. His son-in-law, announcing the death to the Academy, added:—"Among his children, who stood around his death-bed, was that beloved daughter in whom M. Kergaredec heard the beatings of the heart while she was still in the maternal womb."

Items.

—A physician found the following message on the slate upon his return to his office one day last week: "Doc, cum up to ther house; ther old man has gote snaix in his butes agen, an' raisen kain."

—A child of Dr. Kissinger, of Bowmansville, Lancaster county, poisoned himself on Tuesday, by drinking a medical preparation in his father's study.

QUERIES AND REPLIES.

Stomatitis Materna.

R. Red Iodide of mercury, five grains
Iodide potass., fifteen grains
Pure water, one ounce. M.

Sig.—Five drops before each meal; and put six drops in a tablespoonful of water, and use as a wash three times a day.

I think Dr. J. will find the above a specific; at least, I have promptly cured otherwise intractable cases with the above recipe.

Georgia. WM. KING, M.D

Dr. E. T. S., of Fla.—See the REPORTER, Feb. 17, 24, and March 3.

Dr. J. W. P., of O., inquires whether the hypophosphites are incompatible with stimulants.

We understand they are not.

MARRIAGES.

KEYES—ROOT.—At Lodi, N. Y., March 7, by the Rev. H. P. M'Adams, Charles R. Keyes, M.D., and Miss Sarah E., the eldest daughter of S. O. Root, Esq.

DEATHS.

TALBOTT.—At his residence, near Plummerville, Conway County, Ark., March 13, 1877, of pneumonia, Dr. R. L. Talbott, aged about 48 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1049.] PHILADELPHIA, APRIL 7, 1877. [Vol. XXXVI.—No. 14.

Original Department.

Lecture.

CONVALESCENT CASES—RESULTS OF OPERATION FOR PHIMOSIS—BONNET'S GRAND APPAREIL, ETC.

A Clinical Lecture by Professor Lewis A. Sayre, at Bellevue Hospital, February 14th, 1877.

Reported Stenographically, for the Medical and Surgical Reporter, by N. W. Cady, M. D.

Case 1.—(See Medical and Surgical Reporter, January 13th, 1877.) This little fellow, gentlemen, that you see here, is the one sent me by Dr. Hoffman, from West Chester county, in December, 1876. You will remember that at that time he was unable to stand, speak, or feed himself, and, in short, presented every appearance of being an idiot. For a full report of his case I must refer you to the lecture of that date. He walks now, as you see, without assistance, speaks with perfect distinctness, and his mother states that for the last three weeks he has fed himself, sleeps quietly, and gives her no trouble whatever. His intellect at the present time seems equal to that of the average boy of his age, although previous to the operation he was thought to be idiotic. You will observe that the strabismus with which he was troubled has entirely disappeared, and no one seeing him at the present time, without any knowledge of his previous history, would consider him in any way different from an ordinary child.

There are some interesting points connected with this case, which I would like to draw your attention to, as they are of great importance, as showing the necessity of doing the operation properly when it is performed, and superintending the dressing of the wound afterward. You recollect that on the day the operation was performed the child spoke before he left the room; and the following day he seemed so much more comfortable than he had ever been before, that I allowed the mother to take him home, giving her instructions as to his treatment. I did not see the child again for some ten days, when he was brought to my office in a worse state than ever before. He was perfectly ungovernable, more like a little demon than a human being, constantly scratching, fighting, and slapping his face; and his mother stated that for the last three days he had become worse than he had ever been in his life.

Upon examination of his penis I discovered that the wound had cicatrized, slightly girdling the glans, from the fact that the internal mucous membrane had not been sufficiently divided. He was put under chloroform, this very slight girdle divided, and the wound dressed carefully every day until it healed, and now you see the result. This case is so similar to the case of young Norman, that Dr. Hammond reported to the Neurological Society as not having been improved by the operation (from the fact that the person who operated upon him had simply made a circular incision of the foreskin, and pulled it behind the glans, without removing the mucous membrane, thereby making the case one of paraphimosis and aggravating the disease, and which case perfectly recovered after the operation had been properly performed), that it is of importance to draw your attention to these facts, as they tend to prove that the penis was the source of irri-

tation upon which the nervous disturbance depended. If I had not observed him and finished this operation, it would have done no good at all, and the operation would have fallen into discredit, and persons like Dr. Hammond would have stated that the irritation of the genital organs had nothing to do with the causation of the disease; but the operation did no good simply because it had not been properly performed. This boy, now that the operation has been properly performed, is tranquil and composed as to his nervous system, and his power of coördination is as good as that of any child.

Case 2.—T. F., baby, 18 months old. Here is another little child you will recollect as having appeared before you some four or five weeks ago with paralysis of the left leg. Now, you see, the child walks without anybody holding him. There is some discussion now in the profession as to whether reflex paralysis can occur, and there have been learned attempts to prove that these cases got well of themselves, independently of the phimosis being operated upon. But it is very curious that they got no better until the source of irritation was removed. And yet you have seen a dozen or twenty cases here this winter, that have recovered the power of locomotion and coördination—which before they had not—simply after relieving this source of nervous irritation, without any medication or treatment whatever. And now this child is another and stronger proof of the fact. It has had no electricity, galvanism, friction or strychnia. I have done *nothing* to it, simply for the purpose of seeing the result of circumcision alone. You see the result.

I want you to notice that young one's cheeks, and compare them with what they were five weeks ago, when I operated upon him. Look at those ruddy cheeks, the very picture of health, which before were white and of a waxy color, all the result of this eternal restlessness and want of sleep, from priapism and irritation. His mother tells me he sleeps well.

(The child walked about the floor, dragging his left leg very slightly, but his condition was manifestly much improved.)

Case 3.—Thomas McLaren. (See Medical and Surgical Reporter, November 4th, 1876.) Here is a little fellow whom you will recollect as having appeared before you in the early part of the present session, when I performed the operation of exsection of the hip-joint, and had so much difficulty with a thickened involucrum which was thrown around the head of the bone. This involucrum was so thick and strong that I could extract the head of the bone only by using the lion-jaw forceps. You will observe that the incision is perfectly healed and the child is well. He walks perfectly well without either crutch or cane, and by the most careful measurement a difference of more than one-fourth of an inch cannot be detected in the length of his legs. There has not been as much discharge since the operation until the wound was healed, as there used to be in a single day for many months previous to the time when the operation was performed. If it were necessary to have any proof of the propriety of the operation, this case, gentlemen, is proof positive. For with the thickened involucrum surrounding the necrosed bone, it would have been an impossibility for nature ever to have extracted it or to allow it to escape, and the long-continued suppuration would sooner or later have destroyed his life. And even if such cases could recover at all, they would do so with distorted limb and anchylosed joint, and great deformity; whereas, now you see him in perfect form, and even in this early stage after the operation with almost perfect motion, which may be increased by exercise.

Case 4.—(See Case 4, Medical and Surgical Reporter, January 13th, 1877.) Here is another little boy who was exsected just two months ago. This is the little boy from California. He had the disease four years, and has had all sorts of treatment applied. You see this little oakum tent, which I still keep in the wound; the amount of pus adhering to it, as I withdraw it from the wound, is but trifling. Compare him with what he was eight weeks ago. His form is straight; his limb is capable of abduction, flexion and rotation. As soon as he gets home he will be given plenty of fresh air and exercise, and a chance to get a useful limb; and you will observe there is no shortening.

Case 5.—Minnie King (See Medical and Surgical Reporter, November 11th, 1876). Here is a case of hip-joint disease, considered likely to prove fatal on account of accompanying waxy liver and waxy kidney. She was considered too far gone to have an exsection performed; and yet you see, even in this case, the child has recovered her strength, and in a hospital atmosphere at that, and that hospital Bellevue, which is so much slandered by persons

who know nothing about it. They say that there is pyæmia, erysipelas and gangrene in the very walls, and yet, in this very hospital, so tainted in the public eye, we take children at the point of death, children that have large livers and waxy kidneys, and perform the serious operation of exsection of the hip-joint upon them, removing a large portion of the acetabulum, and what is the result? Proof conclusive that these statements about Bellevue are false. But that little girl, you see, goes now without her splint; her leg is shortened very little. In this case I have no doubt most of you agreed with me in thinking there was no hope for her. Yet an operation afforded the only chance she had, and it was performed, in order that the child might have some few months of comfort, and that she might be in good shape for the coffin, if she must die. Now she is on the road to recovery.

I bring these cases before you, gentlemen, in order that you may see the results of the winter's work, and that you may be enabled to answer the querulous inquiries that may be brought to you by outsiders, as regards the necessity and propriety of this operation—the exsection of the hip-joint; for, strange to say, a great many men still contend against it, and say it never should be performed.

(To be Continued.)

Communications.

A BRIEF ACCOUNT OF THE MECHANISM OF THE HIP-JOINT—WITH DIAGNOSTIC POINTS UPON DISLOCATION AND FRACTURE OF THE NECK OF THE FEMUR.

BY OSCAR H. ALLIS, M. D.,
Surgeon to the Presbyterian Hospital.

Read before the Philadelphia County Medical Society, February 28th, 1877.

GENTLEMEN:—One year ago I offered some remarks before this Society, upon the mechanism of the shoulder joint. I mentioned the function of the capsular ligament, and stated that the retention of the head of the bone in the socket was not due to ligaments, but to the peculiar arrangement of the muscles about the socket and head of the bone. As proof of this it is only necessary to recall cases of paralysis of these muscles, or the falling of the head of the bone from its socket, under complete anæsthesia.

The hip-joint presents a marked contrast in this respect. This articulation is the only true enarthrodial one in the body, and the head of the bone being more than half received into its socket, is retained by atmospheric pressure.

Neither the so-called ligaments nor the muscles contribute to this retention. It is done by the cartilaginous rim about the socket, which is called by some anatomists the sucker ligament. If, in the general acceptation of the term, the joint were held in place by ligaments, then, in the ordinary functions of the limbs in walking, stooping, rising, turning, and the like, we would find ourselves suddenly arrested the instant a ligament became tense. As it is, the limb enjoys circumduction to a remarkable extent.

It cannot be said to owe its security to muscles, else in paralysis, anæsthesia, drunkenness, and in sleep, we would have constant displacements.

The ligaments about this articulation have been carefully studied and described. I can only repeat that which is familiar to you all; still, a brief review of their functions will not be uninteresting. The capsular ligament is firmly attached to the rim of the acetabulum, and passes from this to the neck of the femur. Posteriorly, it is but loosely attached to the neck of the femur, and fits it like a collar.* By this arrangement it offers no impediment to the motions of the joint. It is at this part, too, that the capsular ligament is thinnest, and the part most usually torn when the head of the bone escapes from the socket. The anterior portion of the capsular ligament is the thickest, strongest, and most serviceable portion of it, and is about half an inch longer than the posterior portion. In order to enable man to perform in the erect position the various functions for which he is designed, this joint has special strength given to it. Thus the fibres of the capsular ligament have accessory fibres, making it nearly double the thickness at the anterior than at the posterior part. To these must be added the tendons of the psoas, iliacus, and rectus muscles, that pass directly over and are blended with the capsule. Hence it is that man is enabled to stand erect, for without this special support the head of the bone would leap from its socket at

* "Holden's Manual of Anatomy," p. 476.

each step. The special strength of this portion of the protective apparatus of the joint can be better imagined when one notices the mountebank, throwing his hands backward and turning his back hand spring, without ever rupturing the capsule or displacing the head of the bone. Besides this, the same symptoms of deformity hold good that were pointed out centuries ago, showing that the same cause produces the same effect, and this cause is now known to be the untorn (anterior) portion of the capsule.

But man is not only designed to work in the upright posture, but also to rest in the same posture. If one but watch the motions of soldiers under command, he will see that *standing erect* is a muscular action and hard work, and that as soon as the word comes to rest, they quickly assume a posture that rests the weary muscles. This they do unconsciously, but if one imitate the action, he will find that he first balances his weight on the ankle, then locks the knee-joint, and then, leaning a little forward and outward, finds himself at rest, *i. e.*, balancing himself upon one leg. Two, and possibly three, ligaments contribute to this relief of the muscles—the ligamentum teres, ilio-femoral, and the ilio-tibial, a strip of the fascia lata.

The function of the ligamentum teres has been the theme of warm and earnest discussion. It has been assumed that the function of this fibrous band, that extends from the edge of the socket to the centre of the head of the femur, is to suspend the body, allowing the weight of the body to fall upon it, rather than upon the head of the bone. Ingenious as such a theory may be, and partially supported by the anatomy of the articulation, still there are good reasons that stand out against it.

1. This ligament forms a protecting sheath* to the nerves and vessels that nourish the head of the joint, and is in the most favorable position for conveying the blood when the limbs are employed in supporting the body. If its function were to support the trunk, and prevent concussion between the head of the bone and the acetabulum, then it would be too tense for a protecting sheath to blood vessels.

2. Holden, and others, say that it *limits* adduction. Certainly, then, it cannot be *tense*, when the limb is in a line with the trunk, *i. e.*, in the upright posture.

3. The head of the bone fitting accurately the socket, and being retained by atmospheric pressure, there can be no space between the head of the bone and the socket, as would necessarily be the case if the weight were supported by this ligament.

In the resting posture, *i. e.*, in a state of adduction of the limb, the round ligament may contribute, in a slight degree, towards fixing the head of the bone. This, however, must not be too firmly insisted upon, as Henle has observed that adduction to a much greater degree is possible after the capsular ligament is cut away.* It is highly probable, then, that this ligament (that only approaches the tense condition in the state of adduction) does not contribute to the strength or security of the joint, but is the protecter of the nutritive supply to the head of the femur.

The anterior portion of the capsular ligament does, however, contribute largely in securing the joint, when one is standing at rest. It is strong, short, forms a cup for the partly projecting head of the bone, and fixes it securely when one is in the resting posture.

But the structure that contributes most largely to the *standing at rest* attitude is the thick, strong portion of the fascia lata, that extends from the crest of the ilium to the outer side of the head of the tibia. If this fascia is examined, it will be found to have not only an attachment to the ilium and tibia, but to the linia aspera almost through its extent, and hence, from its position, admirably adapted to the support of the body. As the fascia passes over the great trochanter a bursa is formed, to give the freest motion in its ordinary functions.

It is not necessary to go to the dissecting room to verify the accuracy of this statement. All that need be done is to stand *erect* and feel the prominent tendon-like structure on the outer aspect of the knee, about an inch from the patella (See Fig. 1, left side, dotted line). If we do this we will feel a *round cord* on each limb. Now, if we throw the weight of the body on the right limb we will find that this *cord* is much more prominent, tense and hard than it was when we were standing *erect*, and that the cord on the left limb has disappeared.

Try, now, the other limb. Throw the weight upon it, and the same result will take place. If the weight is thrown upon one foot, then upon the other in rapid succession, the observer will notice the suddenness of his arrest.

* Sappey, Traite d'Anatomie, Vol. I, p. 653.

* Cruveilhier and See, vol. I, p. 408.

If this were muscular it would not be so sudden. If muscular it would not always be at the same point. If muscular there would be a corresponding fatigue to the muscles brought into action. As it is, *all the muscles* of the body participate in the resting attitude. If muscular, the experiment could not be successfully tried upon the cadaver. The latter proof can easily be made by securing the knee in splints, to imitate the condition in life, and the resting attitude can be most perfectly counterfeited.*

Having briefly invited your attention to the great strength of the ligaments about the joint, and to the part they play in the workings of the joint, let me now invite your attention to the most frequent injuries of the hip joint, *i. e.*, fracture of the neck, dislocation, and fracture of the acetabular portion of the pelvis.

Let us suppose a man in the vigor of life to fall from a height, upon his feet, or in such a manner as to bring the greatest force upon the structures of the joint when the femur is in a line with the trunk.

First, I will say that the pelvis is least likely to be injured by such a fall. The upper part of the acetabulum recedes into the thick, strong flange of the ilium, and escapes fracture, probably from its superior strength. Clinical experience yields here valuable negative testimony. A fracture of the pelvis is one of the rarest injuries when the person falls upon the feet. Such a fall will most probably produce a fracture below the knee; next in frequency, a fracture of the shaft or neck of the femur, while the pelvis, protecting, as it does, vital organs, is rarely broken save by a force directly applied. The injury, if at the joint, will lie between the laceration of the ilio-femoral ligament, with anterior displacement of the bone, and fracture of the neck of the femur. When every tissue is at its fullest strength, it is hard to decide which of these two will yield first. The mechanism of the neck of the femur, and its wonderful adaptability to overcome the various shocks, has been a matter of careful study and mathematical computation, and as competent observers have witnessed a *directly upward* displacement, it cannot be said that the neck of the bone may not be stronger than the anterior portion of the capsule. In such a case, were the limb to be examined, it would be found that the neck of the femur was short, large, and obliquely grafted upon the shaft. Clinical experience, however, stands decidedly in favor of the ligament, and in such a fall as under consideration, a fracture of the neck of the femur is the more probable. If a similar injury occur to one in feeble strength, and especially to one in advancing years, then the probability of fracture of the neck is very great indeed. By disease and age, the texture of the bone changes. In its loss of weight may be seen the loss of the constituents that contributed to its toughness, hardness and strength. Not so with the ligaments; even into old age their functions remain unimpaired, so that beyond sixty a dislocation is exceedingly rare, but fracture of the neck correspondingly frequent.

Let us suppose a man, now, to fall with the thighs flexed, or semi-flexed. Under such circumstances, the weight of the body, with its momentum, will act most powerfully upon the shaft of the femur, as upon the long arm of a lever, and, as in this instance, the head of the bone is brought against the lower segment of the capsule, its rupture and a dislocation is exceedingly probable. The reasons that lead me to think that dislocations occur most frequently in this position are—

1. (As Bigelow has shown) That almost all the characteristic deformity in dislocations that have been pointed out for centuries are due to the untorn portion of the capsule, *i. e.*, the ilio-femoral ligament. Hence, if the anterior (upper) portion of the capsule is intact, the escape of the bone has been elsewhere.

2. The flexed condition (as has been already mentioned) takes the lower segment of the capsule at great disadvantage. I have frequently displaced the head of the femur, in the dissecting-room, by taking advantage of this position.

3. Bigelow has shown that, when restoration of the limb takes place from the application of pulleys, and the limb extended, even this success is due to the integrity of the ilio-femoral ligament.

4. He has also shown that the flexed position is the most favorable to the reduction of all dislocations—depending, as he does, on the ilio-femoral ligament to draw the head of the bone into its socket, during the process of circumduction.

In making out a diagnosis of injuries of the hip, it is of the utmost importance that the patient be made to assume the upright position. In this position the affected limb suffers no such

* For a fuller description of this, see *Medical Times* No. 229.

constraint as when lying on a bed, and a comparison between the two limbs is easily instituted. Such a position is not always practicable. Still, in doubtful cases it should be resorted to. Whenever this is attempted, the patient should have a strong chair or table to rest upon, to secure himself from falling. If this position is to be assumed, it is obvious that it should be done before the administration of an anæsthetic.

In the erect position—

1. In fracture (complete) of the neck, there will be no marked deformity, no want of parallelism between the limbs, and both feet can be brought flatly upon the floor. This is really the most important feature to note. As long as the symmetry of the two limbs is maintained, there cannot possibly be a dislocation.

In all cases of dislocation the femur will have a fixed position; the knee inward, outward, above or in advance of its fellow, and the heel drawn upward. In no case of dislocation can the knee be brought into a similar attitude with its fellow and the foot placed flatly upon the floor.

2. In fracture within the capsule, or partly without the capsule, there is nothing to create deformity when one stands erect. The capsule is untorn and the limb is now suspended by ligament and muscles. Hence, by mere gravity, it hangs by the side of its fellow.

In dislocations, the head of the femur lies in an abnormal, constrained position. This holds good in all varieties, whether recent or old, whether from accident or disease. The degree of deformity will be greatest when the rent in capsule and laceration of the muscles and their tendons is least.

When the head of the bone has escaped through the posterior segment of the capsule, and the entire anterior portion is untorn, then the head of the bone will be fixed and held firmly upon the rim of the acetabular cavity, and the greatest contrast between the two limbs be manifest. This deformity will measurably subside, however, after unsuccessful manipulation, for by circumduction the tendons of muscles are severed and the rent in the capsule increased. It is in just such a condition as this that the erect position is so valuable in a diagnostic point of view; for then all restraint has been removed and the limb left to obey the traction that is exerted upon it about the joint.

3. In fracture of the neck the patient can rotate the limb almost as completely as in health. This is owing to the fact that the insertion of the rotator tendons has been undisturbed, the capsule intact, and no impediment placed upon the free motion of the limb. Very different will be the result in dislocation. It matters not what may be the variety of the dislocation, voluntary rotation is lost, the hip is fixed and held by a stronger power than the muscular.

4. In fracture of the neck there is no longer the firm union between the limb and the trunk that is to be found in the sound limb.

Three observations have been made upon this head. Dr. Levis has pointed out, as a diagnostic feature, the possibility of bending the thigh backward to a greater extent than its fellow. It will be remembered that I spoke of the great strength of the ilio-femoral ligament, and the part it played in enabling us to stand at rest. This ligament is nearly tense when we stand erect, and will only permit the limb to be carried back but a slight degree, when sound. When a fracture of the neck is present, and a patient be placed on his belly upon a table, the greater elevation of the broken limb will establish the diagnosis. Dr. Cleemann has observed that, in this peculiar injury, the function of the quadriceps muscle has been so disturbed that a wrinkle may be noticed in the tendo patellæ. He adds further, that this feature is of practical importance in determining the amount of weight necessary to keep the limb equally extended with its fellow. The little wrinkle is due to shortening. Hence, extension is only perfect when the limb is made equal to its fellow, and this can be easily known, he states, by the examination of the tendo-patellæ.

Still another point (and one which I have already alluded to), is the relation of the fascia lata to the act of *standing at rest*. The portion that forms a sheath for the muscles of locomotion is, when we stand *erect*, or walk, drawn tense by two muscles, the tensor vaginæ femoris and the gluteus maximus. This tense condition depends, of course, upon the integrity of the femur. The latter broken, there would no longer be the resistance to the action of these muscles, and hence the unequal degree of tension of the fascia lata in the broken and sound limbs.

The standing posture is the only one in which this can be verified, as in the reclining the muscles that make tense the fascia lata are both relaxed.

The dotted line indicates the course of this strip of the fascia lata that has been alluded to. In the left leg it is tense. In the right, the *hands* show where it will be most lax, in case of fracture.

In regard to measurements, I have only to add to what has been so often said, that every precaution should be taken to guard against error. This can only be done by measuring from different points, as the anterior superior spine of the ilium, the symphisis pubis, the point of the coccyx, etc. Unless such a precaution is taken, a serious mistake may be made. Permit me here briefly to illustrate this point. A man was brought to the Presbyterian Hospital, with symptoms of dislocation of the right hip, which disappeared with appropriate manipulation, accompanied by the *audible sound*. Nearly a year later he returned, with an apparent shortening of the same limb, of about two inches. Upon the most careful measurement from the anterior superior spine of the ilium to the inner side of the knee, the *apparently* shorter limb was half an inch longer than its fellow, and this was verified, by frequent and careful measurements, with every care to avoid error by any want of similarity of position of the limbs. On measuring from the symphisis pubis, the apparently shorter limb proved to be so in reality.

The degree of shortening will, in cases of displacement, depend largely upon the untorn iliofemoral ligament. If this is complete, then the head of the bone, though escaped from its socket, must lie in close proximity to it, and the shortening be more apparent than real. The shortening, in fractures of the neck of the femur, will be due to retraction of the muscles, and may vary from 0 to ¾ of an inch.

Should there be any doubt, after the administration of an anæsthetic, of the return of the limb to its socket, the limbs may advantageously be compared at right angles to the trunk. If both are in their sockets, their lengths will be the same, but if either is displaced, Fig. 2., this manœuvre will readily determine it. This change in position may serve as an aid in the diagnosis between dorsal dislocation and fracture. With the limbs compared in this position, in case of fracture, the limb can be lifted to the level of its fellow, and on letting go it will sink half or three-fourths of an inch. But in dorsal dislocation the shortening will be greater, will not disappear until the limb is restored to the socket, and then it will not reappear on removing the support.

March 23d, 1877.

PUERPERAL ECLAMPSIA.

BY J. B. MATTISON, M. D.,
Of Brooklyn, N. Y.

The recent interesting contributions by Dr. Parrish, to the study of puerperal eclampsia, induce me to proffer my experience with this disease, as showing one of the trying exigencies in which our calling sometimes places us, and trusting that the history herein detailed may prove of service should any readers find themselves with like surroundings.

Mrs. M., aged twenty-five, primipara, was attacked with parturient pains on the evening of August 17th, 1873. Nothing of note occurred

until midnight, when she suddenly began to complain of severe cephalalgia, which increased in intensity to the point of most agonizing shrieks, till one o'clock A. M., when it culminated in a well-marked eclamptic seizure. Immediately the violence of the paroxysm subsided. I administered one-third of a grain of morphia, hypodermically. The patient remained in a state of nearly complete coma, labor meanwhile progressing, until two o'clock, when strongly marked facial twitchings ushered in a second convulsion, severe and prolonged. As soon as the intensity of the seizure had sufficiently abated, the morphia was readministered, one-half grain subcutaneously, and the pulse registering ninety-six per minute, full and strong. I determined on venesection, and, accordingly, abstracted sixteen ounces from the arm. Profound coma now ensued, uninterrupted for two hours, when a third eclamptic attack occurred, severe, but not so protracted as the second. The morphia was again resorted to, one-half grain hypodermically, and, the pulse still tense, the vein was reopened and eight ounces additional taken. This ended the convulsive disorder, but Mrs. M. remained in a completely comatose condition until eleven A.M., when she emerged from her dangerous situation with a suddenness that somewhat surprised us, fully conscious, but with memory an utter blank as to everything that had transpired after the onset of her terrific headache.

The babe was born at six A.M., asphyxiated, and remained in that condition a time exceeding anything in my experience. Fully one hour elapsed before breathing was established with anything like regularity, and then only after the most assiduous application of artificial respiration, in the manner described and recommended by me in the New York *Medical Record*, June 12th, 1875—an abstract appearing in the HALF YEARLY COMPENDIUM for the same year.

The little one was wrapped in cotton and carefully attended, but her perils were not yet over. From that time till ten o'clock P. M. she passed through *nine* convulsive seizures, in five of which respirations diminished until they absolutely ceased, and nothing but fluttering pulsation seen in the precordia when the chest was made convex during the use of the artificial mode above mentioned, gave token that life was going on. This, however, was the incentive to diligent endeavor, rewarded, for five consecutive times, by a return to normal respiration. The subsequent convulsions were of diminished intensity, after which—the toxic element, whatever it was, seemingly having expended itself—the babe, barring a severe attack of acute diarrhœa during the second week, which, for a time, held its life in jeopardy, went on to entire recovery.

On the third day an attempt was made to nourish the child in the natural manner, but the application gave rise to sudden, severe head pain, which compelled a peremptory abandonment, and the effort was never fully resumed, artificial feeding becoming, in part, a necessity. This intense cerebral distress persisted for several days, only held in check by semi-daily hypodermics of morphia, one-third of a grain each, until, towards the close, the pain assuming a periodical type, full doses of quinine rounded off the treatment.

It would seem as though our patient had already passed through more than the ordinary allotment of puerperal troubles, but they were not yet ended. A severe cystitis ensued, marked by no special feature other than complete vesical paralysis, making catheterization necessary for nearly a week. She surmounted all, however, and in five weeks mother and daughter accomplished a journey of more than fifty miles without any untoward result.

A retrospect of this case reveals several points which merit careful study.

What caused the convulsions in the mother? During gestation her health remained good. There was no head-trouble, no neuralgia, no marked gastric disturbance, no anasarca, no deficiency of renal secretion, no albumen therein, up to the very last day; in fact, an utter absence, so far as we could discover, of prodromic eclamptic manifestations, prior to the onset of the intense cephalalgia.

What gave rise to the terrible headache when the babe was applied to the breast?

What induced the convulsive phenomena in the infant? Here is a question of more than passing interest. A veteran practitioner called in consultation, subsequent to birth, diagnosticated *opium narcosis*, and expressed a gloomy prognosis. Happily, as to the latter, he was disappointed. Regarding the former, were such the case, an important question at once arises, as to the propriety of morphia hypodermics in ante-partum convulsions. If, by their free employment, we imperil a life yet unborn,

we well may hesitate, though, of course, if they be imperatively demanded, the welfare of the mother outranks that of the child.

Concerning all these queries, I cannot do better than submit the opinions of some eminent professional gentlemen.

Dear Doctor:—I very much regret that it is not in my power to give a reply so satisfactory to you, as your letter is to me. If I were able to answer your first question, as to what caused the convulsions in the mother, I should feel that I had made a most important contribution to the pathology of puerperal convulsions, which science has not yet attained. On this point, I do not know that I can add anything new, on my own part, to what I have said in my work on puerperal diseases.

As regards your second question, as to "the cause of the intense head pain of the mother when the child was applied to the breast," I should suppose the explanation to be that the irritation of the peripheral nerves of the mammæ induced an intense reflex irritation of the entire nervous system. I have often seen this result, but never so persistent as it seemed to be in your case. Should not the effect of the quinine suggest the probability that the toxic agent which may have had an important influence in so disturbing the nervous system as to result in convulsions was of a malarial origin?

And this brings me to your last question, as to what caused the convulsive disorder in the child. I do not believe that the morphia had anything to do with it. If you will excuse me for again referring to my book, on page 83, you will see the report of a case of puerperal convulsions, in which, after birth, the child had three convulsions, but eventually recovered. The bottom paragraph, page 92, refers to two others. In neither of these cases was morphia introduced into the maternal system before the delivery of the child.

If the maternal convulsions are centric in their origin, *i. e.*, due to toxæmia, is not the child nourished by the same toxic blood, and liable to the same disturbance of nerve centres from the same cause? Last winter I saw a case in consultation, where the mother went through labor without any puerperal accident. The child had a convulsion while being washed, appearing perfectly well before. Then the mother was seized. The child died in the fifth or sixth seizure. The mother, who was comatose many hours, I think, owes her recovery to the hypodermic use of morphia. She had taken none before the birth of the child.

Yours sincerely. Fordyce Barker.

My Dear Doctor:— * * * * * * * I do not know what caused the convulsions in the mother. I do not believe they were uræmic. I remember, about eight or ten years ago, a case of puerperal eclampsia, which was very similar to the one you detail. Dr. George T. Elliott, Profs. Gilman and Metcalfe saw it with me, and when I asked for the cause of the convulsions, at our consultation, all agreed that it was one of those cases in which the cause could not be reached. My case was treated with chloroform, and free general bleedings were repeatedly practiced. She died about forty-eight hours after the first convulsion, sixty hours after delivery.

A careful post-mortem examination failed to reveal the cause of the convulsions, or of the death. Every organ in the body, even the spinal cord, was normal. The child in my case also had convulsions for several days, but finally recovered.

I do not believe that the opium given to the mother, in your case, had anything to do with the convulsive seizures in the child. I now have the record of thirty-two cases of puerperal convulsions treated with hypodermics of morphia, and in no instance has the morphia acted unfavorably on the child.

May not the child and mother, in these cases, be under the influence of some, as yet, unknown toxic influence?

Sincerely yours, A. L. Loomis.

My Dear Doctor:—The history of your case is of very great interest as regards both pathology and treatment, and the questions which you raise are of the highest importance, and deserve a more thorough discussion than I am qualified, either by time or ability, to give them.

In reply to what caused the convulsions in the mother, I may say that, most probably, uræmia was the chief factor, but from the fact that there were no evidences of renal disease up to the time of labor, and none subsequently, except pain in the head, I believe nerve irritation played an important part in causation. It is possible that uræmia, to the extent present in your case, might not have caused convulsions in a less sensitive organization. The extreme susceptibility of the patient was proven by the severe pain in the head, excited by the attempt at lactation. Furthermore, the prompt improvement under the use of quinine leads me to think that malaria may have aided in producing the convulsions.

Regarding the cause of asphyxia and convulsions in the child, it is evident that they were due to the toxic effect of morphia or urea, and I believe they were both due to the morphia used hypodermically. I base my opinion on the following facts:—

First. There was nothing in the nature of the labor to cause asphyxia in the child, except that morphia was rapidly and freely introduced into the circulation of the mother.

Second. That opium, in large doses, will cause asphyxia in a child in utero, especially, if used hypodermically.

Third. That the effect of the morphine, and the long-continued irritation of artificial respiration were sufficient to cause convulsions.

Fourth. That while uræmia of the mother may be transmitted to the child in utero, and cause

convulsions, it is also true that children have been born alive and well in cases where the mothers presented evidences of more profound uræmia than in your case.

I am aware that the same argument may be used against the possibility of morphine given by the mouth causing asphyxia and convulsions in the child. We all know that large doses of opium have been given by the mouth to mothers without any ill effect on the child in utero, but I firmly believe that such doses of morphia, hypodermically, as you gave, are exceedingly dangerous to the child, while they may be of the highest value to the mother.

While I have given my opinion somewhat positively, I am aware that more facts from recorded cases are necessary to settle definitely some of the points involved in your most interesting case. Yours, truly,

ALEX. J. C. SKENE.

DOCTOR MATTISON:—I must answer your questions very dogmatically, on account of want of time to explain the reasons for my opinions.

First. I think that acute puerperal nephritis caused the cephalalgia and convulsions in the mother, and resulting uræmia affected the child.

Second. The child unquestionably suffered from narcotism. I have often seen this result *when the hypodermic syringe was used*, ante-partum, even when no convulsions existed.

Third. Lactation induced nervous disturbance, and this showed itself by cephalalgia.

Fourth. The hypodermic use of morphia, ante-partum, is always dangerous to the child, but, in convulsions, even this fact must sometimes be overlooked in the interest of the mother. Truly yours,

T. GAILLARD THOMAS.

HOSPITAL REPORTS.

EXTRACTS FROM CLINICS AT PHILADELPHIA DISPENSARY.

DR. MARIS RESIDENT PHYSICIAN.

Reported for the MEDICAL AND SURGICAL REPORTER,

BY C. C. VANDERBECK, M. D.,

Physician to Northeastern District.

Phthisis.

This disease being one of the greatest—if not *the* greatest—highways to death, in this and all lands, this Institution has its share of work in prescribing for the usual large number of cases, and of reporting its greatest mortality to be due to this malady. In looking over the history of two hundred and eighty-four cases, I find that the period in which the greatest number of cases originate is between twenty and thirty years of age; the next greatest between thirty and forty years. As to occupations, one or two interesting points were brought out in examining these histories. One was this—that although the sedentary occupations furnished the great majority of cases, yet, as to any particular indoor trade, idleness, or those without employment, furnished an excess.

This *idleness*, it is proper to notice, was due not to inability to work, as the disease, at the time their names and occupation were entered, had made but little progress, but, in the majority of cases, because there was no employment for them. These unfortunate beings were, no doubt, insufficiently fed and clothed, and thus paved the way for an easy access of the predisposing causes that exist in many of them.

This still further illustrates what I have often seen before, that many a person may pass through life with a predisposition to phthisis, and yet have no actual outbreak; that predisposition in itself is often insufficient, and disease is not engendered unless active or exciting causes are brought to bear upon the case; and on the other hand, the same exciting causes in another person, with no hereditary tendencies, would prove harmless. In other words, both predisposing and exciting causes often seem to be necessary to produce consumption.

It appears to be a feature connected with the unemployed classes that sociology and State medicine should investigate. It is part of the duty of these sciences to remove, if possible, all those things that have a tendency to deteriorate the race. The sociologist, hygienist and physician, deal largely and chiefly with the deteriorated and deteriorating folk. As Dr. Richardson formulates, "The extinction of the unfit" is going on constantly. The physician, strangely as it sounds, does not deal so much with those fit ones who have survived, but with the unfit classes. This is seen in every department of medicine. The obstetric forceps continues the existence of an "unfit pelvis;" the stethoscope allows of an early discovery of a tuberculous lung, and thus life is continued long enough, over and over again, for the victim to marry, bear children, and hand down, as an heir loom, a constitutional malady.

The usual plan of treatment is the ordinary cod oil. The simple oil, however, is not given, but joined usually with tinct. ferri et quassia, which contains one drachm of tincture of iron to seven drachms of tincture of quassia; of this, two drachms are added to every ounce of oil. Dr. Maris claims for this a more palatable and efficacious medicine than the clear oil. He does not insist upon the exclusive value of the oil of the codfish, but has seen butter do much good. Pavy tells us that of all the fats, butter, if perfectly free from rancidity, is one of the easiest to digest.

Acute Bronchitis.

In acute catarrhs in adults, Dr. Maris depends chiefly upon the so-called mistura fusca, a house prescription. This is simply the old brown mixture, with an addition of the muriate of ammonia. He thinks the officinal mixture

unsatisfactory, and that far better results can be obtained from the "mistura fusca." In almost every case of acute bronchial affections he uses this mixture before resorting to Squibbs' —his drug for the latter stages. In acute catarrhs of children he uses syrup of ipecac, preferring this to antimony, an ingredient of brown mixture.

Diuretics.

The doctor thinks the very best diuretic that he is acquainted with is an infusion of the root of the stinging nettle—urtica dioica. He was led, several years ago, to experiment upon this, by the advice of a friend, and found it one of the promptest and most efficacious diuretics that he is acquainted with. This plant, I think, is not officinal, but there is no doubt but that many indigenous plants of our abundant flora possess medicinal virtues, so far known to only a few, or were once used and now unjustly discarded. Our drug resources are vast; in fact, we are "exposed to the annoyance of having an embarrassment of riches in our possession of them." Yet, by careful study, and a freedom from bigotry, we can use all of them. To one who has not given the subject investigation, it may be a surprise to them to know, as stated in a late lecture by Professor Rothrock, that the pharmacopœia recognizes 263 vegetable medicines: 163 of these, 60 per cent. of all, are north of the Gulf of Mexico; more than half in our borders; 162 species now outside of officinal sanction, that once were used. It is upon these discarded remedies that the so-called elective system is based. Among these plants found within our own borders, Professor Rothrock mentions astringents, alteratives, cathartics, May apple, digitalis, expectorants, emmenagogues, etc.; in truth, all the various classes of medicines, save three; viz., excito-motor, epispastics, and diluents. It is the opinion of Dr. Rothrock, and also of Dr. Edward R. Mayer (who wrote an excellent paper on specific medication), that we have neglected too much the discarded and the common indigenous remedies. The latter gentleman mentions numerous plants possessing virtues ordinarily unknown; as horse-chestnut for hemorrhoids (Dr. Rothrock finds the bark of horse-chestnut very valuable for the expulsion of tænia); pleurisy root, excellent diaphoretic and sedative; wild indigo, for typhoid fever and malignant ulcers; blue cohosh acts quite the same as cimicifuga; stone root directs its energies to the mucous membrane of the pharynx, rectum, and urinary tract; wild yam a certain remedy for colic; sundew is remarkable for its influence upon the pneumogastric nerves; Canada flea-bane is an excellent hæmostatic and styptic; witch-hazel has a specific action upon the venous system, an astringent and tonic to weakened and dilated veins; golden seal is useful in fluxes and stasis of mucous membranes, especially valuable in chronic catarrh of the nose, leucorrhœa, etc.

To return to diuretics, Dr. Maris, then, fully believes the root of the stinging nettle to be one of the purest and most powerful diuretics. He often alternates this drug with some other remedy of similar properties, so as not to continue one thing too long. If there exist any rheumatic pains, or much dropsy, he is in the habit of prescribing acetate of potash.

Editorial Department.

Periscope

The Sympathy of the Ear and Mouth.

At a meeting of the medical society of London, in January last, Dr. E. Woakes read a paper on this subject. The conditions discussed in this paper were based on the frequently observed occurrence of inflammation of the ear and otalgia caused by the presence of a decayed tooth, or a sore on the tongue, and the equally common event of spasmodic cough induced by the presence of a foreign body in the meatus. The continuity of sensitive nerve-fibres being deemed insufficient explanation of these symptoms, the object of the paper was to supply the true method whereby, through nerve-influence, a genuine inflammatory action is set up in the ear, the original seat of irritation being widely separated from it. Great stress was laid on the importance of the fact that fibrillæ belonging to the vaso-motor system of nerves are mingled in the same fasciculus with those of the cerebro-spinal system; the former set of fibrillæ being brought into reflex relationship with the nervi vasorum distributed on the arteries of the part reflexly affected, by means of the sympathetic ganglia in which the two sets of fibres communicate. In this way, it was shown that distinct channels of communication existed between the vessel nerves which regulate the supply of blood to the ear, and the otic ganglion, while branches of the fifth nerve connected the carious tooth, and the ulcers on the tongue also communicate with this ganglion. It was then indicated how morbid impressions affecting the latter would influence the former, and thereby produce vascular distention of the drum-head and contiguous regions, producing a veritable hyperæmia of these parts, to the consequences of which the pain and inflammation were referred. A similar communication was

also traced between the nervi vasorum of the vessels of the larynx and the auriculo-pneumogastric nerve supplying the meatus, through the medium of which connection a case of laryngitis from the presence of a bean in the external canal was traced. The paper concluded with the suggestion that, owing to the sympathy thus established, it was possible for spasmodic croup in children to be due to draughts of cold air falling upon the ear, and advantage was taken of this sympathetic association to suggest a simple method of treatment in such cases.

Treatment of Phagedenic Ulcers.

Weisflog, in a recent paper (Virchow's *Archiv*, B. 66), states that the pain of phagedenic ulcers ceases almost immediately if the patient is immersed in a "faradizing bath." One of the electrodes is connected with the bottom of the bath, and as soon as the wound is submerged in the warm water, the patient touches the other electrode, which is covered with sponge, with the tip of one finger, gradually bringing the others into contact with the sponge, according to the sensations he experiences in the ulcer. The effects are less marked and less beneficial if the ulcer is out of water. For the purification of the wound he employs a weak ointment of nitrate of mercuric oxide (1 to 50). For the relief of the dolores osteocopi, Weisflog recommends the use of subcutaneous injections of solutions of the nitrate, which are much less painful than those of corrosive sublimate, and never cause abscesses; while much larger quantities of mercury can be introduced into the system without causing salivation.

The Treatment of Imperforate Hymen.

The treatment of imperforate hymen, as advocated in this journal by Dr. Shelly, according to the method of Professor Wallace (see REPORTER, April 29th, 1876) receives sad and substantial support from the following case, which is quoted from the *Anal. de Gyn. Espan.* in the Chicago *Medical Journal*:—

On the 15th of August, a girl, fifteen years old, was seized with acute hypogastric pain. By palpation an abdominal tumor was discovered in that region, and vesical catheterism was practiced, to facilitate the diagnosis. The escape of a large quantity of urine procured manifest relief. This lasted until January 19th, when the same symptoms were presented, with greater intensity. The same treatment was then adopted, without effect, when a consultation was held, and it was discovered that a soft fluctuating tumor filled the pelvic cavity and extended to the umbilicus, the hymen being imperforate. Menstrual retention was diagnosticated, and puncture proposed.

The operation was performed on the 23d, with a trocar, with the effect of giving exit to a chamber full of blood. All went well till the 28th, when there was right hypochondriac pain, fever, with a pallid countenance, and the escape of a large quantity of fetid pus from the vagina. On the following days the pain extended to all parts of the abdomen. Cadaveric aspect, bilious vomiting, precordial anxiety, small pulse, hiccough, and retention of urine. Catheterism, morphia, belladonna and cataplasms gave small relief. This general condition—the patient being sometimes better and sometimes worse—lasted until the 6th of February, the patient dying on the 7th.

An Instance of Antiseptic Surgery.

The following case was related lately, to the Medico-Chirurgical Society of Edinburgh, by the surgeon, Mr. Bell:—

A little girl, while playing at the top of a stair, fell down to the bottom, a distance of forty feet. Fortunately for her, there was a railing in a recess at the foot of the stair; and on one of the spikes of it she was caught, and, turning over, hung suspended, "like a leg of mutton," as her father described it. She was immediately seen by Drs. Young and Cuthbert, who, with great presence of mind, carefully protected the wound with lint steeped in carbolic oil. On examination at the infirmary, it was found that the spike had entered the popliteal space, but without injury to the blood-vessels; split the bone, and passed out again on the outer side. In this way the knee-joint was opened, so that he could pass his finger in. The whole wound was washed thoroughly with carbolic acid, $\frac{1}{20}$; the edges brought together as well as possible, and free drainage, along with all antiseptic precautions, used. The highest temperature she ever had was 101° F. The result was, as they could see, that the child had a movable joint, and could walk well, any stiffness being merely muscular. Ten years ago, he would have amputated without hesitation. He had certainly never seen a worse case saved.

Excision of the Branches of the Fifth Pair in Neuralgia.

Professor Weinlechner, in a communication to the Vienna Medical Society, given in the Wiener *Medicinischen Wochenschrift*, stated that he had performed excision of the branches of the trigeminus in twenty cases of severe neuralgia. He had found the operation much more successful when the neuralgia was limited in extent than when it was diffused. The deeper and more central was the resection, the more certain was the relief of the neuralgia; but in very deep excisions we are deprived of the possibility of again resorting to the operation in case a relapse might render this desirable. Comparing this operation with that of tying the common carotid, we may say that, in very obstinate and painful cases, both modes of procedure may produce a temporary or permanent cure; but neither method is without danger, as they both are sometimes followed by pyæmia, erysipelas, etc. In general, the ligature of the artery is

the easier operation of the two; but in old persons there is the danger of atheromatous degeneration, while in the younger ones, if the ligature is followed by hemorrhage, severe disturbances of the cerebral nutrition may ensue. As a general rule, it may be stated that neurectomy is to be preferred, in limited neuralgia, while in diffused neuralgia, with vascular dilatation, ligature of the carotid should be performed.

The Opium Treatment of Peritonitis.

In an article in the *Practitioner*, February, Dr. W. H. Broadbent, physician to St. Mary's Hospital, London, writes:—

It is common in fever, whether enteric or typhus, to have as a complication tympanitis, which may be quite independent of peritonitis or perforation of the bowel. The treatment I have found most useful in relieving this condition is opium. Occasionally the distention of the intestine comes on very suddenly, when it is not only a source of distress and danger, but carries very grave prognostic import. My interpretation of the phenomenon is that it is one of the manifestations of nervous shock, and that it indicates paralysis of the sympathetic system, with consequent loss of tone in the muscular wall of the bowel, allowing the distention to take place. It constitutes one of the emergencies to which the Hippocratic maxim applies, and under such circumstances I do not hesitate to give and repeat a drachm of tincture of opium. I can recall to mind many instances in which, by this treatment, the tympanitis has been dissipated in a few hours, with a corresponding improvement in the general condition of the patient.

A Simple Aspirator.

Dr. A. Groves, of Ontario, describes, in the Canada *Journal of Medical Science*, an aspirator devised by him. He says:—

I had, first, a tubular needle, made by a watchmaker out of the largest-sized tubing commonly used for making hinges for watch cases; then I took an ordinary elastic enema syringe, and broke off the expanded part at the extremity of the suction tube, over which one end of a piece of rubber tubing, eighteen or twenty inches long, was slipped and secured by a thread tied tightly around it; the other end of the tubing was slipped over the needle and secured in a similar manner. The tubing used was that sold by druggists for nursing bottles, and answers perfectly. The whole cost, in addition to the syringe, is not over one dollar. My method of using the instrument is, first, to place the delivery tube under water, so as to prevent the possibility of air passing into the cavity; then an assistant compresses the bulb of the syringe; an incision is now made through the skin, and the needle plunged into the cavity to be aspirated. Alternate relaxation and compression of the bulb will now be carried on until all the fluid is removed, or from some cause it is deemed proper to stop the operation. I always compress the suction tube with the fingers during compression of the bulb, and the delivery tube during its relaxation, lest the valves should not work perfectly.

By removing the valves, injection of the cavity can be carried on. With this instrument I have withdrawn sixty-six ounces of fluid at a single operation, from the pleural cavity, affording immediate relief, which was soon followed by perfect recovery. Indeed, in every case in which I have performed aspiration of the chest with this instrument recovery has been rapid and complete.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Codes of Medical Ethics and Advertiser," published by Dr. C. Henri Leonard, Detroit, Michigan (paper, 25c.), would satisfy us better had the homœopathic portion been omitted, and probably the homœopaths would be as well pleased to have what they call the "allopathic" parts dropped. Dr. Leonard has prescribed for his readers a dose of incompatibles.

——The Jefferson Medical College has printed its Catalogue for the session of 1876–77, showing a total of 598 students. It has also issued the "Rules and Regulations of the Jefferson Medical College Hospital," a neat pamphlet of eight pages.

——The subject of milk sickness is ably treated in a paper by Dr. W. H. Phillips, of Kenton, Ohio (pp. 21). He believes that it is an infectious disease, and that it is most successfully treated by strychnia.

——A valuable contribution to the important question of sewerage will be found in the "Reports of the City Physician, Board of Health, and Sanitary Engineer of the City of Concord, N. H., for the year 1876–77." The city physician, Dr. G. P. Conn, shows the necessity of a municipal supervision of the sewers, both public and private; while Mr. Charles C. Lund, C. E., demonstrates the para-

mount importance of ventilation in a system of sewerage works.

——An appeal for the insane poor in the county poor houses in Pennsylvania, prepared by direction of the State Medical Society, by Dr. John Curwen, superintendent of the State Lunatic Hospital, has been published. It sets forth in earnest language the advantages, in an economical and humanitarian respect, of having ample and suitable provision for the insane poor in institutions devoted to that purpose. But Dr. Curwen might justly, and we think he ought to, have gone much further than he has, in showing that the treatment of the insane in the county poor-houses of this State is always inadequate, often neglectful, and by no means rarely downright brutal, and disgraceful to the age. We speak of what we know.

BOOK NOTICES.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States, John M. Woodworth, M. D., for the fiscal year 1875. Washington, 1876. pp. 229.

Under the efficient and energetic chief officer whose name is given above, the Marine Hospital Service of the United States is quietly doing an amount of good which few, even professional men, appreciate. We have but to examine this excellent report to see the large amount already accomplished, and the still greater conquests in sanitation which will be achieved as soon as an enlightened public sentiment supplies the means required.

The Report of the Supervising Surgeon-General embraces the statistics for the year, and is illustrated with numerous maps and diagrams. A number of recommendations touching quarantine, and the prevention and limitation of disease among seamen, are forcibly put.

In the appendix are collected a series of special Reports by members of the corps. One of considerable length, on syphilis and chancroid, by Surgeon P. H. Bailhache, deserves prominent mention. His recommendations for the limitation of this disease by the medical examination of seamen, are sound and practical; but in his decided advocacy of the dual nature of infection—the chancre and the chancroid—he defends a theory rejected by the most eminent recent authorities, and dangerous in its practical application. Surgeon A. C. Hamlin discusses the advantage of a sea life in phthisis; but he seems far from sanguine that it will prove generally beneficial, and is quite certain that the life of the common sailor gives no immunity from tubercle. The prevention of scurvy is discussed by Surgeon C. M. Ellinwood; the value of the seton in paralysis and epilepsy is shown by Surgeon Thomas J. Griffiths; valuable suggestions on ships' medicine chests are made by Surgeon Robert D. Murray; and the yellow fever epidemic at Key West in 1875 is discussed by several writers.

First Annual Report of the State Board of Health of the State of Wisconsin, for the year ending December 31st, 1876. Madison, pp. xliii, 86.

Fifth Annual Report of the State Board of Health of Minnesota, January, 1876. St. Paul, pp. 87.

The Wisconsin Report is largely taken up with an account of the organization of the Board, and the system it has adopted for bringing its objects properly before the people, and obtaining correctly the statistics desired. In addition to this, we have articles on small-pox and its prophylaxis, by Dr. E. L. Griffin; on sewerage and drainage, by Dr. S. Marks; on the construction and ventilation of public buildings, by Gen. James Bintliff; on mental hygiene, by Dr. J. Favill; on food and domestic beverages, by Dr. O. G. Selden; and on registration, by Dr. Joseph Hobbins.

The subjects which the Minnesota Board urge upon the people are similar in character. The secretary, Dr. Charles N. Hewitt, speaks of the prevention of infant mortality, which, in Minnesota, is 45.70 per cent of all under five years of age. He also writes on the heating and ventilation of school houses; on small-pox and the means of its prevention; on the vital statistics of the State; on contagious diseases among children, etc. It is easy to see that the dissemination of such information among the more intelligent classes of the community will be attended with great good to the general health. Seeing how palpably true this is, we cannot but be surprised that so many States still neglect to create Boards of Health, and that the appropriations for their maintenance are so meagre and insufficient.

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THE OFFICE OF CORONER.

Both English and American medical journals have had a good deal to say in the last few years about doing away with the ancient office of coroner. The "crowner's quest" dates back, for its establishment, to Anglo-Saxon times, and has always been considered an office of responsibility, and essential to the security of the citizen.

A legal writer in the Boston *Medical and Surgical Journal* points out that the original and present sole purpose of the coroner's inquest is *to detect crime.*

"With a death unaccompanied by circumstances of suspicion the coroner has no concern. When such suspicion exists his functions are twofold. One is to determine with certainty whether the death has resulted from natural causes, or from violence. By the term violence is meant not only physical force, but poison, and all means of death not in the ordinary course of nature.

"The other is to determine, if it be found to be a case of violence, how that violence was caused, and whether it constitutes a crime or not. One is a question of medical investigation, the other a question of legal determination. One is answered by a physical examination, the other by an inquiry into external facts, and the application of the laws to those facts. One is essentially the function of a physician, the other essentially the function of a lawyer."

In order that these objects may be more certainly accomplished, he proposes the following changes:—

"1. To abolish the office of coroner as now constituted. The abolition of the coroner's jury will follow.

"2. To divide its duties between (*a*) medical officers, to make the examination, and testify to its results, (*b*) judicial officers, to receive the testimony, and apply the law.

"3. To have the medical officers appointed by the governor and council, during good behavior, and removable by the same power, for cause shown.

"4. To have the judicial duties performed by the justices of the criminal courts of first instance, as a part of a regular judicial procedure.

These propositions appear plausible, but there is some doubt whether this severance of duties would not result in evil to the commonwealth. A neighboring State has lately tried such an experiment, with unsatisfactory results.

A couple of years ago the New Jersey Legislature passed an Act vesting in the county physicians in such counties having such an officer all the duties belonging to the regularly-elected coroners. This law created so much dissatisfaction, resulting, in many instances—in cases of sudden death, under suspicious circumstances, from want of proper examination into the causes of the death—in the escape of murderers; together with the delay occasioned in summoning the county physician into remote sections of the county, that the late Legislature, by an amended Act, restored to coroners the duties they formerly exercised.

The English advocate that the office of the coroner should be retained, but that a physician only should be eligible to it. This would meet

all the requirements, providing the right kind of a one were chosen. But so long as the office is elective, and to obtain it one has to descend to the degrading competition and the low artifices of the politician; or, so long as it is appointive, and is bestowed through nepotism, or as a recompense for dirty election work—just that long it will merit the obloquy now cast upon it.

In fine, we believe the office a good one, and should be sorry to see it abolished; but we should like to have it awarded to him, whether lawyer or physician, who could show himself, before competent judges, most familiar with the medico-legal knowledge it requires; and let such a one retain it so long as he fills its duties earnestly and well.

Notes and Comments.

The "Cheyne-Stokes" Respiration.

The significance of this curious symptom is just now exciting lively discussion abroad. It was first described by Dr. Cheyne, in 1818, as follows:—

"For several days his breathing was irregular; it would entirely cease for a quarter of a minute, then it would become perceptible, though very slow; then, by degrees, it became heaving and quick; and then it would gradually cease again. This revolution in the state of the breathing occupied about a minute, during which there were about thirty acts of respiration." In this case, fatty disease of the heart was very marked, while the valves were healthy, and the aorta was "studded with steatomatous and earthy concretions."

No general attention, however, was directed to the peculiarity and striking character of this symptom, until, in 1846, Stokes urged its significance as a sign of fatty degeneration of the heart, believing that its presence was pathognomonic of this affection, and that it always betokened a fatal and not far distant termination. That it did not necessarily depend on fatty degeneration was soon shown by Dr. Seaton Reid, who described a case in which the muscular structure was healthy, while the mitral and aortic valves were both incompetent, the left ventricle was hypertrophied, and the aorta dilated and atheromatous.

From a study of this and some similar cases described by other writers, or observed by himself, Dr. Hayden has come to the conclusion that the first portion of the aorta has always undergone such a change as to lose its elasticity and become dilated. But this has not been found satisfactory to others, and the question as to its exact significance must still be regarded as an open one.

Chrysophanic Acid.

This new remedy, of great efficacy in ringworm, will soon be familiar to our pharmaceutists. Mr. A. W. Postans, of London, who first prepared it, states that the easiest, the simplest, and by far the best method of making it into an ointment is to dissolve the acid in hot fat. Two drachms will dissolve in one ounce of lard, but this is very concentrated. The hot ointment should then be transferred to a mortar, and rubbed down till cold.

If to each ounce of ointment so prepared two drops of otto of roses be added, a most beautiful preparation results, possessing in an eminent degree the active properties of the acid with the delicate and attractive odor of the rose.

Mr. Gerrard, the dispenser at University College Hospital, London, first published this method of dissolving the acid in hot fat.

The Injurious Effects of Condensed Milk.

Dr. Frederick H. Daly writes to the British *Medical Journal*:—

A long experience has only tended to confirm my opinion that the constant use of condensed milk is most injurious to infants. Children like condensed milk, and fatten on it, but their power of resisting disease is very low; such children, although remarkably well to look at, will soon die from an attack of measles, scarlet fever, or diarrhœa, of not very great severity, and will sink into a low state much sooner than those children fed on even the milk of London-fed cows. I have invariably found that children brought up on condensed milk are backward in walking and late in teething; also the anterior fontanelle is late in closing; or, in other words, the muscular and osseous tissues are not properly nourished. The children generally, too, have the abdomen rather large. For occasional use, condensed milk is most useful, in summer, for instance, when fresh milk soon becomes sour, and for use at

night. But I feel sure that it is not calculated to make infants grow into strong muscular men and women. Whilst in natural cow's milk the proportion of nitrogen (flesh-forming) to carbon (fat-forming) is one to twelve, in the preserved milk it is not much more than one-half, or about one to twenty.

Cockroach Tea Vindicated.

Years ago, while campaigning against the Seminoles in Florida, we visited a camp of volunteers, one of whom had been attacked with tetanus. The domestic remedy his companions were administering was *cockroach tea*. At the time we thought it a most unheard of remedy, but learned its use was not uncommon. Now we learn from an exchange that Dr. Bogamolow, of Russia, has found in the cockroach a crystalline substance which he has named *antihydropin*, from the favorable effects obtained by him with it in the treatment of dropsy. Roaches are highly esteemed as a popular diuretic by the common people in Russia; this fact induced Dr. B. to employ them in various forms, such as decoction, tincture, and powder, and in the form of the supposed alkaloid. Under its use the amount of urine increases, albumen and casts diminish in quantity; œdema of hands, feet and face subsides, the weight of the body increases, and the pores of the skin begin to act more freely. The remedy is said not to interfere with digestion, nor to irritate the kidneys.

The Peabody Lodging Houses.

Everybody knows that the benevolent American banker, Peabody, left a large sum to build model lodging houses in London. The excellent result of his charity is now becoming apparent. Last year, the death rate in the buildings erected from his trust did not exceed 19.02 per 1000; this rate was 3.3 per 1000 below the average rate in the whole of London. This fact affords conclusive evidence of the benefit which the health of the working classes derives from the operation of the Fund; and, when it is remembered that the death-rate in these buildings in 1875 was 24.3 per 1000 (even this was a low death rate for a poor working class population), we may fairly conclude that the benefit from these buildings will increase at a more rapid rate than the actual extension of the operations of the Fund itself. It appears reasonable to assume, and it is abundantly supported by the experience of the trustees, that the health of the residents, and especially of the infantile portion of the population, improves with length of residence; in other words, the baneful effects, social as well as sanitary, of previous housing and surroundings is not at once shaken off by the new tenants of improved dwellings. Great sanitary results may fairly be anticipated from the operations of the Peabody Trust Fund, and the devotion of other capital to similar purposes.

Ergot in Enlarged Prostate with Vesical Atony.

The treatment of this condition with full doses of ergot is nothing new in Philadelphia. But we notice that in Germany, Professor Von Langenbeck, at a meeting of the Berlin Medical Society, stated that in atony of the bladder, associated with enlarged prostate, in elderly men, in which the organ is never completely emptied of urine, he has lately tried the hypodermic injection of ergotine with most surprising results. In three cases the contractile power of the bladder was at once increased, so as to enable the patient to discharge additional urine, and in a few days it had so augmented that very little urine was left behind. After one or two injections the improvement was considerable, and even a diminution in the size of the prostate seemed to have ensued.

The Radical Cure of Hernia by Alcohol Injections.

An important contribution to the therapeutics of hernia is made by Dr. C. Schwalbe, of Weinheim, to the *Deutsche Medicinische Wochenschrift*, No. 38, 1876. The cicatrizing power of alcohol led Dr. Schwalbe to employ it in order to bring about the subcutaneous union of the hernial orifice. He relates several successful cases, one of which we translate.

J. S., forty-four years of age, mason. Has had, for six months, a right external inguinal hernia. The inside finger can be passed through the external ring. Injection of ℥ xv of a 70 per cent. solution of alcohol around the canal and in the ring were made May 28th, June 11th, 18th, 25th, July 15th, 23d, 30th, August 6th, 12th, 21st. At the last date the inguinal canal was entirely closed, and the patient could cough and jump without his truss, without the least sign of hernia. He was recommended to wear the truss a few months, when he could lay it aside altogether.

With proper precautions, Dr. Schwalbe says

these subcutaneous injections of alcohol, from 20 to 80 per cent. in strength, are never followed by abscesses. As the peritoneum is never wounded, the method is wholly without danger, and though not applicable to large and old hernias, it offers an excellent means of radically curing many recent and smaller ruptures.

The Action of Metals on the Sensory Nerves.

In cases of paralysis of sensation, it has often been observed that when a metal is applied for a certain time upon the insensible surface of a limb, at the end of about a quarter of an hour an incomplete sensibility returns, on a restricted zone of skin; and from that point spreads gradually during the twenty-four hours over the whole limb. Sensibility returns, and at the same time the skin reddens, the temperature rises, and even the muscular force seems increased. Strange to say, all metals do not act in the same way with the same patients; on some, gold, on others, copper or zinc, is efficient; but the same metal always acts on the same patient. These observations have been renewed by Drs. Charcot and Dumontpallier, but their explanation is still quite unknown. At the instigation of M. Charcot, who has brought these facts once more before the Society of Biology in Paris, physicists, chemists and physiologists are studying the question actively.

The Blue Glass Mania.

The last and greatest catholicon is blue glass. A venerable citizen of Philadelphia is its discoverer. Medical men have been sadly pestered to explain "what does it amount to?" Several friends of ours have caught horrible colds in stripping themselves, so as to catch the beneficial effects of the blue rays on the bare skin. The Academy of Sciences of Kentucky have reported that blue light "increases the amount of carbon dioxide produced in animals," and goes so far as to say that blue light "may possibly prove useful in some diseases and injurious in others," in which their caution is commendable. Meanwhile, Dr. Javal, of Paris, has lately remarked on the general preference now existing for blue glasses over green glasses as protectives; and, discussing the use of colored glasses, observed that it was not at all certain whether particular colors are deleterious, and whether there is any advantage in extinguishing certain colored rays. The arguments on which the use of blue glasses are founded are, he says, valueless, and the whole question needs to be reconsidered.

Salicylic Acid as a Caustic.

At the séance of the "Societé de Biologie," held at Paris, February 24th, 1877, M. Lépine presiding (*Progrès Médical*, March 3d), M. Henri Benjamin exhibited anatomical preparations obtained at the autopsy of a horse, demonstrating that salicylic acid exercises a caustic action of sufficient power to determine, in these animals, erosions of the mucous membranes of the œsophagus and stomach.

The caustic property of salicylic acid was made known some time since, in an article on that subject published in the *American Journal of Medical Sciences*, October, 1875, by Dr. G. Halsted Boyland.

M. Benjamin thinks it better, instead of diluting salicylic acid to the required point, to substitute the salicylate of soda, which has all the advantages and none of the inconveniences of salicylic acid.

Belladonna in Coryza.

A gentleman writes to the British *Medical Journal*:—

I have found marked benefit from tincture of belladonna in the most severe attacks of coryza. I would recommend one dose of twenty minims in the evening, about six o'clock; this will stop nearly all the most distressing symptoms, especially the frequent, and in some cases the almost incessant, desire to sneeze. Another dose of ten or fifteen minims at bedtime will generally have the effect of all but completing the cure. There is little or no inconvenience felt the next morning from the medicine, except perhaps a little languor, though I believe some people bear belladonna better than others. I can speak highly of its effects on my own person.

Billings, Clapp & Co.

The Centennial award to this firm, for excellence in pharmaceutical preparations, to which we alluded a fortnight since, has led the firm to prepare a handsome illustration of their exhibit, which will be found in the present number.

—Dr. Robert Ilderton Limehouse, of Summerville, S. C., has changed his name to Dr. Robert Ilderton.

Correspondence.

Salicin in Rheumatism.

Ed. Med. and Surg. Reporter:—

I was called to see J. S., aged 43, on the 14th of February, 1877; found him suffering severe pain in the muscles of the arms and shoulders, and more especially the intercostals. Diagnosed a case of neuralgia. Left him small doses of opium and bromide potassium, to take every two hours until relieved, which very soon produced comfort. Did not see him again until the 17th, when I found him in pretty much the same condition as before, except that pain was more severe and more extensive. The same course of treatment, with results as before, so that he was up and around attending to business, although complaining of soreness and occasional pain and uneasiness, until the morning of the 26th, about daylight, I was sent for in haste; found him delirious, with pain all over him, but he complained most of the muscles of the chest. Tongue slightly coated with whitish fur, pupils of the eyes natural. temperature about normal, but his pulse was the most striking symptom, it being only thirty-six to the minute, full and soft. Urine very scanty, high-colored, which very soon deposited a large amount of sediment of grayish appearance, and, as my patient was a machinist, and very frequently called upon to enter engine-boxes and boilers under a very high temperature, I concluded that my case of neuralgia was complicated with rheumatism. The first indication seemed to be the relief of pain. I therefore put him under the treatment of a quarter of a grain of morph. sulph. every hour, and remained with him until one grain was given, without any very great relief; I then changed the prescription to one-half grain every three hours, with care as to its effect. The first dose caused sleep for half an hour or so at a time, but he was still in pain when aroused. The morphine was given every five or six hours until the next morning, and as he was still suffering and quite despondent, counsel was suggested, and my friend, Dr. John Wright, of Clinton, Illinois, was called, and met me about noon. His diagnosis coincided with mine, and as to treatment, he thought it was only necessary to push the morphine carefully, until pain was once under its control, which I did until about nine o'clock P. M., without giving very much additional relief. Having seen several articles in the Reporter, during the last eight or ten months, on the benefits to be derived from salicylic acid and salicin in acute rheumatic affections, that they gave immediate and permanent relief to the pain, I prepared a solution of ten grains to the drachm or dose, and had it given every three hours. He had taken a dose of morphine about three hours before giving the salicin (I chose that in preference to the acid); but anyway, about an hour after taking the first dose, he went to sleep, and had a very refreshing nap of about an hour and a half's duration; was still in some pain, but said he felt much better. When I next saw him, he had taken forty grains of the salicin, and in reply to my inquiry, said he had no pain at all; had not suffered any pain to speak of after taking the third teaspoonful of the mixture, and has continued without pain, so far, it being eight days, and has been around in the open air as usual, for three days past. I had him continue taking the medicine for several days, three times a day.

As this is the first opportunity I have had of applying the remedy, and as it has acted so promptly, to my satisfaction, I felt called upon to recommend the remedy to my brother country practitioners.

I preferred salicin, because of the burning sensation in the stomach and throat, complained of by some to whom I have administered salicylic acid. Also, I think, for prompt action it should be given in pretty large doses, yet not so large as some write of, although I might be in error in that conclusion. Yours truly,

W. A. Tyree, M. D.

Wapella, Ill., March 8th, 1877.

An Instance of Scarlatina from Fomites.

Ed. Med. and Surg. Reporter:—

Among the many pleasant articles with which your Reporter abounds, not the least, to me, are those from country physicians—their own private experiences. Such being the case you will not, I trust, deem it amiss to record the following case of scarlet fever, contracted from a ball of woolen yarn. This yarn had been knit four years before, in the room of a child sick of scarlatina. The child died. The knitting for the child not needed, the yarn, wound into a ball, was stored away in a trunk. It remained there until this winter, when the mother, after the birth of a third child, being forced during the third week of its life to return to and keep the horizontal position, with the little infant in bed by her side, recommenced her knitting from this ball of yarn. The child soon after was attacked with scarlet fever. The fever and eruption were prominent, but the throat symptoms very decided. It made a good recovery. A little sister of seventeen months, and of an age to pull out knitting needles, was not allowed access to the yarn, but, though frequently in the room, did not contract the disease. There was no other case of scarlatina in the town or country around at that immediate time.

S. Parry, M. D.

Doylestown, Pa.

The Treatment of Erysipelas and Carbuncle.

Ed. Med. and Surg. Reporter:—

The communication in the Reporter of February 5th, 1877, from Dr. Thomas M. Mathews, of Mount Enterprise, Texas, taking the position that muriat. tinct. ferri is nearer a "specific" in erysipelas, in all its types, than quinine is in malarial fevers, may appear strangely extrava-

gant to those who have never used this remedy in erysipelatous affections; but I venture to endorse him fully in his pathological views of this disease, and his treatment of the same, with this exception; perhaps I would use the tinct. more moderately, and always with fifteen grains of sulphate of quinia to the ounce, when tolerated by the stomach

As a preliminary course, some mild cholagogue aperient should be given, in order to prepare the system for the better absorption of the iron and quinine, as well as to remove any deleterious or effete matter from the alimentary tract. Like Dr. M., I use the sulphate of iron or the muriat. tinct. in weak solution as a local application, having never had any success with iodine or argenti nitras as local abortive remedies. Sometimes a dressing composed of plumbi acetas and laudanum, of not too much strength, will soothe the patient, but we must ever keep in view the all-important object of *saturating* the poisoned blood with the antidote to erysipelas, by both external and internal media.

Just look upon erysipelas as a constitutional disease dependent on some unknown fermentative factor in the blood, its whole tendency being to destroy the integrity of the blood and convert the tissues into purulent products of a contaminating nature.

Muriat. tinct. ferri and quinine will arrest this putrefactive tendency. In a practice of eighteen years, fortunately, I have yet to lament the loss of a case of erysipelas. This is strong language in me, also, but such is the fact.

Anthrax, carbuncle, is a malignant type of erysipelas, and generally peculiar to persons of an advanced age. It usually develops on the posterior and lateral aspects of the body when the blood is in a weak and fermentable state from slight pressure, as any contusion at this time will produce a stasis of the blood and consequent sloughing or suppuration.

This, too, is a constitutional affection, locally manifested by a circumscribed paralysis of the capillaries of the affected part. During my professional career, I have had six severe cases of carbuncle, and others of a milder character, and have never resorted to the knife as a means of relief to the patient. With all due deference to the opinions of some eminent surgeons, I must say that a resort to the knife is a doubtful expedient in any case of carbuncle, as such a procedure rather tends to depress the vital powers of the system already weakened by the vitiated blood.

Carbuncle is the result of constitutional causes, and as such must be treated by blood-invigorating remedies, at the same time paying due attention to the efforts of nature to throw off the slough. Like erysipelas, its congener, the treatment begins with a preliminary course of aperient medicines, to put in order, as far as possible, all the organs of excretion and secretion, and then use the same mixture prescribed for erysipelas in fifteen to thirty drop doses every four hours in a little sweetened water. Where the quinine is not tolerated, give the muriat. tinct. ferri alone, taking care to have the teeth protected, as usual, when the tincture is internally administered.

As an adjuvant to the sloughing process of the carbuncle, I use, as a bath, equal parts of tinct. iodine and muriat. tinct. ferri once a day, and apply a poultice three times a day, made from cinchona bark or dogwood root bark. These applications stimulate the tumor and promote healthy action in the surrounding tissues.

In the meantime, let the patient be supported by an appropriate and generous diet. The primary object in this disease should be to renovate the blood as soon as possible, by the use of muriat. tinct. ferri and quinine, and proper regimen, after which nature will throw off the dead tissue by the assistance of local stimulants. All the cases which have fallen under my care recovered under the course of treatment indicated in this paper, varying the treatment in each case in accordance with the constitutional peculiarities presented by every patient.

WM. R. PUTNEY, M. D.

New Canton, Va.

The Monobromide of Camphor in Masturbation.

ED. MED. AND SURG. REPORTER:—

My attention has recently been called to the use of the "monobromide of camphor" in nervous and kindred diseases. I have since used it with happy results in a number of cases, and in many instances substitute it for the potassium bromide. I have found it, particularly in masturbation, a reliable and efficient remedy. One case I will record. W F. P., male, aged twenty years, teacher. Consulted me in December last. Complained of weak memory, confusion of thoughts, nocturnal emissions, constant desire for sexual indulgence, and the many other characteristic symptoms of confirmed masturbation. Becoming alarmed, and realizing his condition, he confessed to having practiced masturbation for a year or more. Had rather plethoric appearance, but nervous symptoms seemed prominent. I prescribed the usual remedies, with little or no benefit. I finally put him on four-grain doses of the camphor monobromide three times a day, with immediate and seemingly permanent results.

He now informs me that he feels well, and believes he is cured. A remedy containing such virtues, and so happily applicable to such a disease as masturbation, should merit prominence. These unfortunate young men are, as a rule, ignorant of the benefit they may receive from an intelligent physician, and easily fall victims to the nostrums of quack "institutes."

WALTER N. SHERMAN, M. D.

Trinity Springs, Ind.

Expulsion of Tænia.

ED. MED. AND SURG. REPORTER:—

In the last number of the COMPENDIUM I notice a formula for tapeworm which I have

used for the last three years with good success. I have treated five cases with this remedy, and in all of them have succeeded in expelling the worm in about one hour with one dose of the medicine, and in four cases the cure was complete. In one of them nearly sixty feet was expelled, and in about three months it made its appearance again, when another dose was given, which expelled the worm entire and it has not troubled him since. I order a saline cathartic to be given at night, the patient to take no breakfast the following morning, and the medicine taken at 10 o'clock A. M. I obtained the formula from the *Druggists' Circular*, where it was given as Dr. A. J. Schafhirt's remedy for tapeworm. The following is the formula which I have used, which varies a little from the one referred to in the COMPENDIUM:—

℞.	Bark of pomegranate root,	℥ss
	Pumpkin seeds,	℥j
	Ethereal oil, malefern,	℥j
	Fld. ext. ergot (Squibbs),	ʒss
	Powd. gum arabic,	ʒij
	Croton oil,	gtts ij–iij.

I have used several remedies for tapeworm, but have never found anything that operated as promptly and effectually as this.

A. N. BRAMAN, M. D.

Brockport, N. Y., March 28th, 1877.

NEWS AND MISCELLANY

The Metric System.

The Northeastern Ohio Medical Association held its quarterly meeting last month. An address was delivered on the metric system, by Dr. B. B. Brashear. The lecturer brought to his aid a series of maps, charts and pamphlets, furnished by the "American Metric Bureau," of Boston. At its conclusion the Doctor offered the following resolution, which was unanimously adopted:—

Resolved, That the Union Medical Association of Northeastern Ohio recommend to its members the adoption of the "Metric System" in writing prescriptions.

Drunkenness Among Ants.

Sir John Lubbock, in his experiments with ants, tried putting some under the influence of chloroform. These were carried away, regarded perhaps as dead. He then tried alcohol in place of chloroform. Thirty intoxicated friends and thirty intoxicated strangers were put together near a nest. The ants were at first much puzzled at the sad spectacle. However, twenty of the friends were taken into the nest, five were thrown into water, and the others neglected. Of the thirty strangers twenty-four were thrown into water, six were taken into the nest. The mistake was at once found out with regard to four of them, who were brought out and thrown into the water. Sir John said it was difficult to understand how there could be recognition in such circumstances.

Important Life Insurance Case.

The Travelers' Insurance Company, of Hartford, has just secured, at the hands of Judge Benedict, of the United States Circuit Court, a decision which is important to insurers. William E. P. Bayliss, who had a $10,000 policy, died from an overdose of opium, which drug had been recommended by his physician, and his wife brought suit for the money. The policy, however, contained an explicit provision that it should not cover death or disability caused wholly or in part by medical treatment for disease, and the judge therefore held that this exception covered the case and relieved the company from all responsibility.

Statistics of Illegitimacy.

After all the talk about "frivolous and immoral," France, it appears that there are more illegitimate births in Germany. In France, the illegitimate births are but 70 in 1000, while in Prussia, out of 1000 births, 120 are illegitimate; and in Southern Germany 200 out of 1000 are illegitimate. In Lower Austria this proportion runs up to 305 out of 1000, and in Carinthia nearly every other child is illegitimate.

Personal.

—Dr. H. C. Porter, a physician and druggist of Tonawanda, Pa., died, March 17th, of apoplexy.

—Dr. Sarah Pettengill, a much respected physician of this city, died very suddenly in a street car last week. The death apparently resulted from atelectasis pulmonum.

—Professor Lister has been invited to accept the office of Surgeon and Surgical Lecturer at the College and Hospital of King's College, London.

—The venerable Dr. Stebbins, of Unionville, Pa., contributes some interesting reminiscences of his early school days to the West Chester *Republican*, in which he advocates the banishment of the rod as a means of punishment, and urges the adoption of moral suasion as the most effective means of making good pupils.

—Dr. Dolbeau, of Paris, Professor of surgical pathology, recently died, at the age of forty-seven. Professor Dolbeau was a most successful surgeon, and, notwithstanding the precarious state of his health, he had acquired a practice which would have done honor to many of his seniors in years. His name will ever be associated with an operation to which he gave the name of "Lithotritie Perinéale," of which he may be considered the inventor, and for which he always cherished the hope that it will one day supplant lithotomy and lithotrity, as these operations are now generally practiced.

What Others Think of Us.

The *Evening Star*, of this city, commenting on the regiment of doctors turned out from the medical colleges this winter, writes:—

"When our most venerated institutions will certify to the medical proficiency of persons who have been but two sessions of four months each under their tuition, and who can neither speak nor write their own language correctly, they certainly do not elevate the standard of medical education. Competition between institutions prevents their requiring a sufficient preliminary course of instruction, and a longer and more thorough course in the medical college."

Items.

—A verdict of $10,000 damages has been rendered against the Rhode Island hospital, at Providence, for malpractice in the treatment of a finger after amputation. The case is to be further contested.

—The *Insurance Gazette* says a Frenchman died at Bordeaux in 1772, at the age of 101 years, having been married seventeen times. A Scotch woman died in 1765, at the age of 106, having been the relict of thirteen husbands.

—The epizooty is making steady progress in the stables of New York and Brooklyn. Quite a large number of horses have been attacked by it, and the mortality has been so great as to seriously alarm those owning equines. The veterinarians are doing their best to check the disease, but, thus far, with seemingly small effect.

—A practical German, who has a large shoe store on Broadway, New York, avows his readiness to pay the city ten dollars for every corpse turned over to him. He says that human skin makes the very best of boots, and some time since applied for a patent on this application of that material, but was refused. Nevertheless he has and sells boots and shoes made of human leather, and is willing to guarantee that they are softer, finer, and more lasting than those made from the best French calf.

—Professor of chemistry—Suppose you were called to a patient who had swallowed a heavy dose of oxalic acid, what would you administer? K. (who is preparing for the ministry, and who only studies medicine to fit himself for a missionary)—I would administer the sacrament.

—The diphtheria is raging to such an extent in Greene county, Pa., that they have closed the public schools.

QUERIES AND REPLIES.

Stomatitis Materna.

If Dr. J. J. J., of Arkansas, will try cod-liver oil, he will be satisfied. I have found it, after twenty years' trial, almost a specific for stomatitis materna.

New Jersey. W. A. S.

Medical Student, Mass.—Ringer's Therapeutics, probably. Be on your guard against teachers with theories to protect.

Dr. J. M. D., of N. J.—We will endeavor to comply with your request when our columns are less crowded than they now are.

Dr. J. C. H.—The tinctura chloroformi composita, B. Ph., is chloroform, 2 ounces; rectified spirits, 8 ounces; compound tincture of cardamoms, 10 ounces.

Dr. A. P. B., of Pa.—Dieulafoy's aspirator costs $25.00.

Dr. P. R. F., of N. Y., desires a *successful* treatment of ascarides We can recommend, most unhesitatingly, Dr. Van Buren's formula, containing carbolic acid and chlorate of potash (see Napheys' *Therapeutics*, p. 443), but a larger amount of the acid has at times been required.

MARRIAGES.

HUIDEKOPER—MORRIS.—In Media, Pa., on the 15th inst., at the residence of the Hon. Edward Darlington, by Bishop Hare, Rush S. Huidekoper, M. D., of Meadville, Pa., and Anne Preston, daughter of Arabella D. and the late Joseph R. Morris, Esq.

KEITH—JENKINS.—By Rev. George F. Rugbee, at his residence, Monday, March 12th, Dr. James Keith and Miss Clara Jenkins, of Ludlow.

LANE—FORBES.—At Marengo, Iowa, February 27th, 1877, by Rev. H. W. Forbes, assisted by Rev. Mr. McDermid, W. H. Lane, M. D., and Miss Mary R. Forbes, daughter of the officiating clergyman.

PARISH—DOWN.—On the 1st inst., at the residence of the bride's parents, by the Rev. E. F. Moore, A. Parish, M. D., of Flemington, N. J., and Theresa H., daughter of Osborn Down, Esq., of Downsville, N. J.

SHOWERS—MARTIN.—At the residence of the bride's parents, on the 1st day of November last, 1876, by Elder W. Y. Kuykendall, of the Church of Christ, Mr. John B. Showers, of Smithville, Tenn., and Miss Lizza A. Martin, daughter of Dr. J. P. Martin, of Hookeville, Tennessee.

DEATHS.

BURDICK.—In Johnstown, Fulton County, N. Y., March 23d, of erysipelas, Francis Burdick, in the fifty-ninth year of his age.

BURRILL.—On the 8th of March, 1877, at San Francisco, Cal., James Shoolbred Burrill, M. D.

CRAIGUE.—In Lawrence, Mass., March 13th, Dr. Isaac Craigue, formerly of Chester, Vt.

DUFFIELD.—At Middletown, Conn., suddenly, on Thursday, March 22d, Dr. William Jarvis Duffield, formerly of Brooklyn, aged thirty-one years.

FERGURSON.—At his home, Detroit, Michigan, at 4.30 A. M., on March 3d, 1877, Dr. Joseph Fergurson, brother of the late William Fergurson, of this city.

HAMILTON.—In Bath-on-the-Hudson, N. Y., on Tuesday morning, March 20th, Dr. Jamin Hamilton, aged seventy-five years.

HUCKEL.—In this city, on the 26th ultimo, Dr. Jacob Huckel, in the seventy-sixth year of his age.

POWELL.—On Friday, the 23d inst, at No. 322 East Fifteenth street, Dr. Alfred Powell, in the fifty-fourth year of his age.

PRATT.—In Orange, N. J., March 21st, of pneumonia, Dr. L. H. Pratt, aged eighty-five years.

SMITH.—On Wednesday afternoon, March 14th, 1877, Dr. James H. Smith, formerly of Allegheny City, Pa., in his seventy-fifth year.

WORRELL.—On Sunday, March 25th, Edward Worrell, M. D., aged seventy-four years, after a brief illness, from paralysis.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1050.] PHILADELPHIA, APRIL 14, 1877. [Vol. XXXVI.—No. 15.

Original Department.

Lecture.

CONVALESCENT CASES—RESULTS OF OPERATION FOR PHIMOSIS—BONNET'S GRAND APPAREIL, ETC.

A Clinical Lecture by Professor Lewis A. Sayre, at Bellevue Hospital, February 14th, 1877.

Reported Stenographically for the Medical and Surgical Reporter, by N. W. Cady, M. D.

(*Continued from No.* 1049.)

Case 6.—Mary Cashew (See Medical and Surgical Reporter, December 9th, 1876). Here is a little girl I feel proud to show you. Look at that smiling face, compared with what it was when she came here several months ago. The operation was performed three months ago. You will recollect this girl came here with chronic disease of the knee-joint, which she had had ever since she was seven months old. I see, in the Philadelphia Medical and Surgical Reporter's account of this case, the statement that she had this disease since she was seven *years* old, instead of seven months—a difference of nearly seven years. From the age of seven months on, she remained with her knee in a state of chronic inflammation. It was plastered, and issued, and fired and iodined, and she took internal remedies all the time, until within a few weeks of the time when she came here, but she never had extension and counter-extension, to overcome reflex muscular contraction. The muscles contracted in such a way as to produce a complete luxation backward of the leg upon the thigh, so that the head of the tibia lay in the intercondylic notch.

You will recollect that the leg and foot were models of symmetry and beauty, never having been stepped upon, or never having worn a shoe. The disease had so thoroughly involved the joint, that an exsection alone could not save the limb. If a resection had been performed, the leg would have been too short to walk upon, and on that account I decided to perform an amputation upon the knee-joint, leaving the patella to form the end of the stump. You will observe that the cicatrization is complete. There were two or three sinuses at the lower end of the femur, and one under the patella, but I preferred to trust to Nature for curing the inflammation, and the result has justified my choice. The sinuses soon ceased to discharge, and the girl was sent out from the hospital with a perfect stump.

Mr. A. A. Marks, the instrument maker, 575 Broadway, has been kind enough to present to this little girl an artificial leg, and I feel under great obligations to him. He makes, as I think, altogether the best artificial leg I have ever seen, simply because of its durability and simplicity. The foot has no joint at the ankle, and this is where the great advantage comes in. The core of the foot is a small solid piece of wood in the shape of a foot, only much smaller. This core is covered with a thick and heavy layer of India rubber, so that from the instep to the toes, and back to the heel, the foot is simply solid spring rubber. The elasticity of the toes and heel compensates for the absence of the ankle joint, and in walking there is none of the jarring, dot-and-go-one walk so characteristic of the jointed leg. With this rubber foot she can walk with the stealthy, noiseless tread

of a cat. The spring and elasticity of the foot is a positive comfort to the patient.

Now look at the child. I have given her no mercury, no bark, nothing but food, and she has had no "bichloride and bark" since she was brought here; then she was salivated—her gums were spongy and her breath offensive; all brought about to correct a *scrofulous* condition of the knee joint, which was simply the result of an injury when she was seven months old, no attempt having been made to overcome the reflex muscular contraction which was gradually resulting in distortion and luxation.

Case 7.—Girl, six years. This little girl, you will recollect, was here last week: she was brought here for the purpose of having an excision of the hip joint performed. The characteristic symptoms of the third stage were present, but since nature had almost managed to cure the disease by throwing off the dead bone, I concluded, before attempting an operation, to divide the tendons of the contractured adductor muscles, and put the limb in position and keep it so by a wire cuirass. This was accordingly done. I divided the tendons of the adductor muscles and the tensor vaginæ femoris, and put her in this wire cuirass, where she has remained ever since the operation. Since the wounds have healed promptly, she shall now have put on her a long splint, and be allowed to take out-door exercise.

[This was done, and the child soon learned to walk, with a little coaxing and care.]

Case 8.—Dr. T., of Pennsylvania, aged 40. Dr. T. came to me this morning, with a supposed disease of the left shoulder-joint. You will observe these three sinuses: one about at the junction of the middle and upper third of the arm, on its anterior surface; one some three inches below it; another on the outer portion of the arm, at the edge of the axillary space—all three of which openings have the peculiar pouting orifice, with a circular band around them, indicative of dead bone—an appearance so well described by the late Dr. Alexander Stevens, as resembling the hen's anus. Whenever you observe an opening of this kind, you may be certain that there is necrosed bone beneath, to which they lead.

By careful examination of the joint itself, I find no disease whatever in it; but, by passing this flexible probe of Dr. Steele, of Bristol, England, into one of the sinuses, you see it takes a tortuous course of some three or four inches, when it comes in contact with dead bone; now it glides along a sharp edge of bone; and now, having passed by it, you will observe the end protruding on the opposite upper portion of the arm, some eight inches from the starting point. (The Professor then attached a perforated india-rubber drainage tube to the probe, and drew it through the sinus, leaving it there, to secure thorough drainage.)

We thus find that there is necrosis of the humerus along the edges of the bicipital groove, the insertion of the latissimus dorsi and pectoralis major muscles, and that the joint itself is not involved. Upon questioning the Doctor, it was found that two years previously, while attempting to stop a pair of run-away horses, he used great exertions in sawing with the reins, and that this inflammation of his arm followed shortly after, ending in his present difficulty. It shows that he most probably has torn off some portion of the periosteum at the attachment of these muscles, at the time of the accident.

Bonnet's Grand Appareil and the Wire Cuirass Compared.

This wire cuirass, which you see here, is a modification of Bonnet's Grand Appareil, which is this heavy piece of apparatus at my right. Bauer's wire breeches is really a modification of the same thing. Bonnet's apparatus is very similar in shape to my wire cuirass, but weighs more than ten times as much. And it is intended, as you see by these straps, buckles, and cushions, to simply force the distorted limbs in position by direct pressure. Whereas, my instrument, like Bauer's, by having the extension screw at the foot, gradually extends the limbs and brings them in position, and at the same time it relieves all pressure upon the diseased joints.

It is extraordinary, that with this apparatus of Bonnet's, and its extension foot-pieces, affording so fine an opportunity for applying an extending force, he should not have done so, thereby pulling the limb in position instead of by placing straps over the bent thigh and knee, and forcing them in position by direct pressure.

This very *appareil* which you see before you was brought to me on a boy from Athens, in Greece, who had been in it for four months. He was a ghostly, thin, tall fellow, with hardly the appearance of life about him. As he lay upon the office floor I unbuckled his straps,

and, simply placing my hand under his knee, flexed his thigh very slightly, and made gentle extension, when he immediately began to respire easily and assume a smiling face, and while I held him in that position I conversed with his father concerning the boy's history. He very soon engaged in conversation, and began to observe the pictures around the room, and his father was so much surprised at the ease and comfort that had been given his son that he thought I had given him some anæsthetic or narcotic, being unable to understand the reason of the boy's freedom from pain, for he had not been free from pain for the last eight months. I explained that it was simply by making extension that I had given the boy ease, and, letting go my hold, and allowing the muscles to contract and bring the bones in contact, the boy screamed in agony, which was aggravated by the least pressure upon the knee. By gentle extension he was soon again relieved, and my assistant, Dr. Yale, hunting around the office, found an extension splint for the thigh, which happened to fit him. It was placed upon him after he was removed from the cuirass; and after fitting him out in a new suit of clothes, he was enabled to walk about with a pair of crutches. From that time he went on well, and in the course of nine months made a perfect recovery with a movable joint.

Communications.

A WIRE EXTENSION SPLINT FOR THE FOREARM.

Read before the Medical Society of Allegany county, Md., Nov. 21st, 1876,

BY G. S. PORTER, M. D.,

Of Lonaconing, Md.

There is nothing new in the use of extension in the treatment of fracture of the forearm. Malgaigne says the idea occurred simultaneously to Godin and Diday, and describes apparatus employed by Huguier and Velpeau. The difficulty of applying extension with the appliances in use, perhaps more than anything else, has stood in the way of its employment. Diday says, in the trials he made of it, "the extension produced so much pain that he was obliged to abandon it." His method must have been extremely faulty. That a proper amount of properly applied extension should behave in this way is manifestly absurd.

Leaving out of view cases of impaction, which may occur, but, so far as my observation goes, never occur except in a few cases of Colles' fracture, the displacements and distortions are wholly attributable to direct muscular action; direct counter-action, therefore, when practicable, logically suggests itself as a primary indication. In the treatment of all fractures the means employed to keep the fractured bones *in situ* are purely mechanical; if this were all, the affair would be sufficiently simple. Physiological facts and pathological conditions are essential factors in the solution of the problem of treatment. Muscular action is to be overcome by indirect or direct force, or by a combination of both. That it can be accomplished with more facility, and with less discomfort by indirect force (that usually employed) would seem hardly to require an argument to disprove. The most obvious facts of mechanics, physiology, and pathology are against it.

The distinctive notion underlying the celebrated splints of Dupuytren and Nélaton is a kind of extension. When we forcibly draw and fix the hand in the direction of its ulnar border, the position is by no means an easy one, and if we imagine that by doing so much is accomplished, it is probably a delusion. So Professor F. H. Hamilton strongly argues, and the results of treatment sustain this view with no little emphasis.

In July, 1874, I first used a wire splint with adhesive plaster extension, in the treatment of a case of Colles' fracture. Hugh Spier, aged 12, fell from a tree and fractured both forearms, apparently about one inch from the radio-carpal articulations. In devising an apparatus for the treatment of this case, a principal objective was, to give the patient the use of his hands, at least, so far as to use the knife, fork, etc.

The splint is made of number seven wire

For adult cases, take a piece of wire nearly four feet long, bend it twice at right angles, to form the proximal end, with the side bars of equal length and about three and a half inches apart. Then, about four inches from the distal end of the ulnar bar, bend it to a right angle, and bend the end of this cross bar around the radial side bar. The radial bar is then to be bent so as to form a short curve, three-fourths of an inch beyond the cross bar, from the ulnar side, and parallel with it. This cross bar from the radial side is the one around which the extending strip of plaster is to be pinned. We, by this arrangement, get, to some extent, spring extension. There is a movable cross bar placed at the junction of the middle and proximal thirds of the splint. It is made of number ten wire, as this size is large enough to keep apart the side bars opposite the thickest part of the forearm, and may be easily bent so as to convert the splint into a right or left, to suit the case. About five inches from the distal end the ulnar side bar is bent several degrees in the direction of the ulnar side. The cut is taken from a photograph of the splint frame.

The splint must be firmly wrapped. The wrapping is commenced by pinning the free end of a roller bandage around one of the side bars, about one inch from the proximal end. After passing the movable cross bar, the side bars will be drawn toward each other, so that the portion of the splint opposite will be but little wider than the wrist. The wrapping is continued until the fixed cross bar of the distal end is reached, where it is securely pinned and any superfluous bandage cut off. I have usually used the splint with a single wrapping, but the application of an additional wrapping may be found to be of advantage.

The splint should always be applied to the dorsal surface of the forearm, on account of its normal straightness and flatness, and because it is better adapted for the application of the extending and counter-extending adhesive strips. The dorsal side does not, perhaps, bear pressure as well as the palmar, but its other advantages more than compensate for this.

In describing the method of application, a case of Colles' fracture may be properly taken as the basis of description, as this fracture is of more frequent occurrence than all others of the forearm together, and as it gives the most trouble and the worst results.

The strip of plaster for extension should be long enough to reach from the seat of fracture to two or three inches beyond the metacarpal knuckles, and nearly as wide as the four metacarpal bones of the fingers. It is secured in place by transversely applied strips of plaster. The counter-extending strip of plaster should reach from a little above the fracture to from two to three inches beyond the olecranon, and should be two inches wide. To keep it in place, two narrow strips of plaster may be diagonally applied. If there is any hairiness of the forearm or hand, the part to which the plaster is applied must be carefully shaved. This may seem to be a small matter to mention, but what is worth doing at all is worth doing well, and we cannot afford to overlook small matters in surgical cases.

After applying the plaster the fracture is adjusted, the splint placed *in situ*, the extending and counter-extending strips pinned over the end cross bars, the forearm flexed to a right angle, and the splint and forearm properly held by an assistant. At the next step a somewhat broad strip of plaster is applied around the forearm and splint, near the bend of the elbow, and a second strip a little above the fracture. The next thing to be done is to apply a roller from the metacarpophalangeal points to the bend of the elbow. The free end of the roller is first pinned to the splint wrapping, and is again securely pinned to the wrapping where the bandage terminates. The turns of the bandage should be neatly and smoothly applied about the inferior half of the forearm. If this is skillfully done the bandage adapts itself perfectly to the curvature of the radius, and fulfills an important indication that has been too often overlooked.

A handkerchief tied loosely around the neck, with a piece of tape or a strip of muslin passed through it and fastened to the radial side bar, is all that is requisite for suspension.

The extending strip of plaster should be tightened as often as required. After eight or ten days a short roller may be employed to secure the hand, in order that by its removal, and the unpinning of the extension strip, passive motion may be made without disturbing the other parts of the apparatus.

During the last two years and a half I have treated more than twenty of my own cases of fracture of the forearm, and have had, more or less, the supervision of half as many more. Of these more than four out of five have been

cases of fracture near the radio-carpal joint. In every case of Colles' fracture I have used the wire splint with extension. In every case the result has been in every way as nearly perfect as could be wished.

The splint "furnishes a firm but not rigid bed for the broken member;" is wide enough to obviate lateral pressure; offers a straight opposing surface to the normally straight dorsal surface of the forearm; the external roller fits itself to the concavity of the radius, and greatly aids in restoring the normal shape of the bone; supplemented by adhesive plaster extension, the indications are met in a way that it seems to me nothing can be desired. The apparatus has cheapness, simplicity, facility of construction and application to recommend it.

ERYTHROXYLON COCA.

BY WILLIAM TANNER, M. D.,
Of Peoria, Illinois.

Whatever may have been said from time to time about the effects of coca on the human system, this much is certain, that it causes timid people, who are usually ill at ease in society, and particularly so before strangers, to appear to good advantage under these circumstances. In other words, it cures bashfulness. It will certainly prove of inestimable value to that class of people who have made themselves bashful and cowardly by an abuse of the sexual organs, as well as to those who are by nature diffident. It also prevents weariness, either mental or physical, which usually follows prolonged or severe exercise. There is no doubt that it possesses these properties in a high degree, as any one can readily satisfy himself by experiment. Its effects on depression of spirits are what might be expected from a drug whose action is energy-giving and bashfulness-curing. It is probable that the use of an excessive quantity of it might prove disastrous, though I have never seen any bad effects following its prolonged use. In a few excitable or impressible people, it has sometimes caused a twitching of the muscular fibres in different parts of the body, especially in the neighborhood of the epigastrium, and an undue sense of fullness and oppression about the head and chest, and a "rising-up-like" feeling of heart, as though that organ was trying to get into the throat.

I can fully substantiate the assertions of that class of observers who have not seen any corresponding mental or physical depression attending its after affects. Its action may be largely increased by combining it with an alkali. It may be that the alkali dissolves some of its active principles that otherwise would remain undissolved. I mentioned this thought to Mr. Allaire, of the firm of Allaire, Woodward & Co., of this city, and told him how he might ascertain this to be the truth, by first chewing a drachm of the leaves alone, and at some other time a drachm of the leaves combined with a few grains of bicarb. soda. At my request he has prepared a liquor from the leaves, using an alkali in solution as a solvent. It is convenient to administer, and very reliable and uniform in its action. The use of coca would probably be a great aid to diffident speakers; in fact, I am convinced that it would be, although I have seen it used in but one case for this purpose. From what I know of its action, it is with a feeling of regret that I think of the opinion which you expressed in a previous number of the REPORTER, since that will probably deter many from attempting to ascertain by personal observation its therapeutical properties. In purchasing the leaves I have often received a very inferior quality. The last stock which I purchased from Allaire, Woodward & Co., of this city, is very reliable. The leaves are large and thick, which is probably a good indication.

SUBACUTE RHEUMATIC ARTHRITIS.

BY IRENÆUS S. DAVIS, M. D.,
Of Allentown, Pa.

In the REPORTER of January 6th a correspondent asks for suggestions in the treatment of rheumatic arthritis. It is much as if one should ask for a plan for the cure of fever. The conditions liable to be called rheumatic arthritis, and which, by different persons, are severally recognized in that name, are quite various, and of every degree of gravity, from neuralgia affecting the capsule and surrounding parts, to general acute rheumatism. It is, indeed, rather rare to find two physicians of ordinary intelligence and experience, who will fully agree in their nosology, or even in their diagnosis and etiology of diseases commonly comprehended in this class. So much confusion exists in this regard, that it could almost be wished that the very name of rheumatic ar-

thritis might be totally abandoned, and a more exact nosology adopted. It is not always easy to discriminate between some of these conditions, although they are essentially different. The case referred to is most probably what, from analogy and for convenience, we may call subacute rheumatic arthritis. This is quite a different affair from either the acute or the chronic form. It rarely or never occurs except where there is a pre-existing rheumatic diathesis. It is gradual in its accession, usually giving little trouble for months, or even years, and the first few years of its existence frequently comprise considerable periods of entire remission; except when complicated with neuralgia or some form of malarial disease, it is but moderately affected by meteorological conditions. Its tendency is progressive, and not to recovery. It affects, by preference, the wrists and ankles, and is more likely to extend toward the extremities than in the opposite direction. Frequently it is confined to a single joint. It is commonly first noticed as a slight lameness, or, perhaps, only a sense of weakness, and is likely to be attributed to a supposed sprain. A careful examination at this time will detect a very slight tenderness of the articular cartilage, with, possibly, a corresponding tenderness of some of the ligaments, but nothing more. It is to be distinguished from simple arthritis, or synovitis, by the absence of effusion within the capsule, from chronic rheumatic arthritis by the free mobility of the joint, the absence or small degree of infiltration, and the history of the case, and from a sprain by the absence of febrile symptoms, of discoloration, of extensive infiltration, and of any considerable localized tenderness in the ligaments. It is not likely to be mistaken for acute rheumatic arthritis. As time passes, the symptoms become intensified, and frequently there is very considerable febrile action around the joint, accompanied by a moderate amount of infiltration, though from first to last there is little or no effusion within the capsule. At this stage the pain is constant, but subject to great exacerbations. Usually, there is more pain toward the latter part of the day, or in the evening, as well as when general fatigue has been incurred. The skin often now becomes red, shining, and exquisitely tender, and sometimes, from reflex irritation, the muscles, both flexors and extensors, become permanently contracted. From this cause, and also from the pain which motion now produces, the joint at length becomes rigid, and may be quite anchylosed.

The treatment must aim to remove or abate the systemic vice which gives rise to the disease. Gradually, and with much hesitation, I have been led to look upon the iodide of iron as almost a specific for this purpose. The form in which I prefer to use it in these cases is in pills, made according to the formula of the United States Pharmacopœia for 1851, as follows:—

℞.	Ferri sulphat.,	ʒj	
	Potass. iodid.,	℈iv	
	Tragacanth pulv.,	gr.x	
	Sacch. pulv.,	ʒss	
	Syrup,	q.s.	M.

Ft. mass., et in pil. No. xl div.

Two or three of these pills may be given after each meal. The iodide of potash has not, with me, proved nearly so efficacious in these cases as this preparation, nor have other forms of the iodide of iron. I always have the pills freshly prepared when wanted, and whether it is owing to this fact, or to the presence of sulphate of potash with iodide of iron, resulting from the double decomposition, or to some other cause, I cannot tell, but I have rarely met with a case of subacute rheumatic arthritis which was not arrested by this treatment if used in the early stages. Later in the course of the disease the prognosis is not so hopeful, but still the same general plan of treatment is indicated, while it should be supplemented by measures addressed to special conditions. Most of the phenomena which are developed late in the history of the disease are really complications, depending wholly or in part on reflex irritation, or on some inter-current cachexia or diathesis. Malaria and various neuroses are among the most common complications. All these are to be carefully searched out and appropriately treated. Neglected, they seriously aggravate the original disorder, and render a cure almost impossible. The inflammation of the skin and the infiltration are usually of reflex or of neurotic origin. Many of the complicating neuroses are well treated by electricity, though it is at least doubtful whether this ever has any directly beneficial effect upon the disease itself. Occasionally surgical interference may become a necessary auxiliary to the general treatment, as, for example, in some cases of rigidity or anchylosis, great muscular contraction, or excessive

superficial inflammation. When the pain is very troublesome the following liniment will often be found to give great relief:—

℞. Tinct. iod.,
Glycerin., āā ℥j
Linim. sapon. camph., ℥ij. M.

It is to be borne in mind that nearly every case of this affection is anæmic. Frequently they have the appearance of plethora, but a close observation will almost invariably prove that appearance to be deceptive. This deceptive appearance is generally caused by a fatty deposit, by no means indicative of a healthy state of the blood.

Another thing to be remembered is, that, though the disease be cured, the diathesis remains, and a new manifestation may occur at any time. The best prophylactic management consists in maintaining the highest possible condition of general health.

CASE OF STRANGULATED, IRREDUCIBLE, DIRECT INGUINAL HERNIA—OPERATION, PERITONITIS, RECOVERY.

BY WILLIAM C. TODD, M. D.,
Of Roxborough, Pa.

Mrs. C., aged 44 years, medium height, slender build, and somewhat delicate in health, was taken, November 21st, 1876, with pain, cramps and vomiting, for which an anodyne was prescribed, with some external applications, but on visiting the patient next morning and finding the symptoms not relieved, I made a careful examination of the abdomen, and found a rupture on the right side, occupying the position of the external ring, small in size, hard, and somewhat painful. I made an effort at reduction by taxis, but finding it ineffectual, called in my friend, Dr. R. R. Bunting, of Roxborough, when we administered ether until complete relaxation, but after the most careful and persevering efforts, and although the tumor seemingly disappeared, yet we failed to relieve the strangulation. The symptoms went on increasing in gravity, with stercoraceous vomiting and extreme prostration; we now advised an operation as the only means likely to give relief. Having obtained the consent of all interested, we proceeded to operate on the fourth day from the time she was taken. Having made the necessary preparations, ether was administered, and the operation performed in the usual manner, by dividing the tissues carefully on a grooved director until the strangulated bowel was reached. The stricture was relieved by the probe-pointed bistoury being gently pressed against it in an upward direction. The bowel was returned and two hare-lip pins were introduced to close the wound; a compress and bandage completed the dressing. After the operation the vomiting ceased, and the patient seemed quite comfortable; some light nourishment was given, and morphia sufficient to procure sleep. Everything was favorable for the first twenty-four hours, but it soon became evident that peritoneal inflammation was being developed, which went on increasing in severity, with pain, swelling, and tympanitis, irritability of the stomach, and small and frequent pulse, at times as high as 140. This condition was combated by full doses of morphia, with tincture of veratrum viride, as required. Milk punch, beef essence, lime water and milk, with small pieces of ice to relieve thirst, and turpentine stupes externally, was the general line of treatment.

The wound was somewhat delayed in healing, on account of the peritonitis, but when the peritoneal inflammation subsided, it healed rapidly with a small amount of suppuration, and the patient made a good recovery.

It will be observed that the points of interest in this case are—

1. The rarity of direct inguinal hernia.
2. The length of time before operation.
3. The severity of the peritonitis, and
4. The recovery under such circumstances.

Hospital Reports.

CHAMBERS STREET HOSPITAL, NEW YORK CITY.

Reported for the MEDICAL AND SURGICAL REPORTER,

BY THOMAS R. SAVAGE, M. D.

Tetanus Treated by Calabar Bean.

David M., aged 27; laborer; of healthy and strong constitution; was admitted on September 30th, 1876, to the Chambers Street Hospital, with a most severe laceration of his right hand, it having been caught between the cog-wheels of a coffee machine. No bones were broken in the hand, but there was a compound comminuted fracture of the thumb, which member was, therefore, removed.

By the advice of Dr. Thomas M. Markoe, an

attempt was made to save the hand, as the fingers could be flexed or extended. Ordinary carbolic-water dressings were applied, the hand resting on oakum, in a basin. The sloughs came away by the 10th of October; the appearance of the hand was excellent, granulations springing up nicely—and for three days he was allowed to go out in the morning, to return to the Hospital before dark. Meanwhile, he had lost power over his fingers, which became permanently contracted.

On the 13th of October, in the afternoon, he complained of slight pain in the articulations of the lower jaw, and of "stiffness of the jaw." On the following day rigidity of the masseter muscles and of those of the neck was very noticeable, and pain in these was increased; sufficient quantities of morphine were administered, hypodermically, to keep him comfortable.

On the 15th inst., after consultation with Dr. R. F. Weir, it was decided that the removal of the hand and administration of calabar bean offered the best chance of success. Accordingly, amputation, in the upper third of the fore arm, was performed, from which he recovered well and rapidly. The calabar bean was administered hypodermically, a solution of the extract (grs.iij--f.℥j) being used. When the drug was first given there was great rigidity in the muscles of the neck, jaw and back, with intense pain in the two latter. The "risus sardonicus" was well marked; the breathing peculiar and labored. Nourishment and stimulants were given principally by the rectum, as the contraction of the constrictor-pharyngei muscles made it very difficult for him to swallow. Occasionally, whisky was given hypodermically.

The muscles affected were those of the lower portion of the face, jaw, neck, pharynx and back; also, to a slight extent, the muscles of the lower extremity. Rigidity of the neck and back was so excessive that he could be raised to a sitting posture by the hand placed behind his head. The pain seemed confined to the muscles of the jaw and back, there being none complained of in the neck or extremities, except in the stump, which was distended with a serous effusion.

The drug certainly had the effect of relieving the muscular pain; several times it was suspended for some hours and was surely followed by reappearance of the cramps, when he would beg for it again, as the "agony was more than he could stand; a few moments after the injection he would become quiet.

As an agent in relaxing the muscular rigidity the effect of the bean was not marked; it was present in the pharyngeal muscles and those of the jaw, for when it was omitted for a time the jaw became tightly locked, and when it was freely given deglutition became possible to him.

Early on the morning of the 16th instant he had paralysis of the bladder with retention of urine. About the normal amount was drawn off regularly with the catheter. No post-mortem examination was held.

The following table exhibits the doses and condition of the patient noted at the time:—

TIME.	DOSE.	REMARKS.
7.15 P.M.	♏xx=gr.j	Rigidity and pain in muscles of jaw and back; cold perspiration on face and trunk.
8.15 P.M.	♏xx=gr.j	Slight relaxation of jaw. Muscular pain disappeared.
8.45 P.M.	♏vj=gr.$\frac{3}{10}$	Great difficulty in swallowing. Fluids are coughed back.
9 50 P.M.	♏xij=gr.$\frac{3}{5}$	Pulse 110. Pupils contracted. No giddiness nor muscular pain.
11.30 P.M.	♏xij=gr.$\frac{3}{5}$	Pulse 110. Pupils still contracted. No pain. Still unable to swallow. Teeth can be separated about ½ inch.
OCTOBER 16th.		
12.30 A.M.	♏xv=gr.$\frac{3}{4}$	Some slight pain in jaws and neck. Temperature 98½ Fahr. Pulse 120. Complains that stump pains him a little. Magendie, minims eight, given hypodermically.
1.30 A.M.	♏xx=gr.j	Slight twitching of muscles of stump.
2.30 A.M.	♏xv=gr.$\frac{3}{4}$	Lies quietly, but sleepless. Good deal of exertion in breathing. No pain. Toward morning swallowing became easier, so that it was possible for him to take concentrated fluid nourishment by mouth. Stimulants were regurgitated.
3.30 A.M.	♏xv=gr.$\frac{3}{4}$	
4.30 A.M.	♏xv=gr.$\frac{3}{4}$	
9.30 A.M.	♏xxij=gr.j$\frac{1}{10}$	Has great pain in back and jaw: latter is tightly locked. Hypodermic of magendie, eight minims, given.
10.30 A.M.	♏xxij=gr.j$\frac{1}{10}$	Very comfortable. Muscular pains gone. Incisor teeth can be separated ½ inch by measurement.
11.30 A.M.	♏xxij=gr.j$\frac{1}{10}$	"Much easier than has been for 24 hours."
12.30 P.M.	♏xxv=gr.j$\frac{1}{4}$	
2 P.M.	♏xxv=gr.j$\frac{1}{4}$	Pulse 120.
3.30 P.M.	♏xxv=gr.j$\frac{1}{4}$	Pulse 130.
6.30 P.M.	♏xxv=gr.j$\frac{1}{4}$	Complains of dizziness on being raised to sitting posture.
OCTOBER 17th.		
12.30 A.M.	♏xxvij=gr.j$\frac{3}{10}$	Complained of extreme pain in muscles, which soon subsided after hypodermic was given, and the jaws, which were tightly clinched, relaxed slightly under the influence of the bean.

After this, at intervals of about every two hours till the afternoon, he received ♏xij hypodermically, this being just about sufficient to control the pain. Toward the evening he began sinking, and died at 5.15 A.M., October 18th, just five days from first appearance of disease.

Compound Depressed Fracture of Skull.

Annie S., aged 27 years, native of Ireland, and servant by occupation, was admitted to the Chamber's Street Hospital, August 4th, 1876. Her previous habits were sober and industrious; health good. She had jumped from the third story window, striking the pavement with her head. She had been delirious for a day or so, being on the eve of confinement, and was constantly watched; the accident occurred during the temporary absence of her nurse. When brought to the hospital she was unconscious, and had sustained a scalp wound, with a compound comminuted depressed fracture of skull just about at the triangular junction of the occipital with the two parietals; the shattering of the bone was very similar to that sustained by the end of an egg when struck on a flat surface, besides being quite extensive. A crucial incision was made through the scalp wound, and the periosteum dissected back; a triangular piece of bone about an inch long was removed, and afterward several smaller loose denuded fragments. All the surrounding bone was

loose, but being attached to the periosteum, it was elevated and left in situ. Considerable hemorrhage occurred, but as far as could be ascertained the dura mater was not wounded. Two or three small arteries were tied, and the flaps were brought together with silk sutures, the most dependent part of the wound being left open for drainage; a capelline bandage was then put on. She rallied but slightly from shock after the operation, stimulants and warmth were applied.

Dr. Henry B. Sands was called in consultation to consider the advisability of operating for removal of the child, as the fetal heart, though faint, was still beating at 9 P. M.; but he counseled waiting, as operative interference would probably result fatally to mother and child. At this time there were no perceptible contractions of uterus, patient was slightly restless and totally unconscious; pulse extremely feeble. At 11 P. M she became very restless, putting her hands to her abdomen, the walls of which became tense; suddenly the waters broke, and in a few minutes, a well-formed nine months female child was born, dead; the placenta followed shortly after. Shock began to pass off; she rallied rapidly, and after a while was able to speak.

August 8.—Since the fourth instant her mind has been confused, but she has daily been improving, and her ideas are daily becoming clearer; at times she is slightly delirious. Sutures in scalp not yet removed; wound syringed out twice daily. with a carbolized solution, and cloths saturated in carbolic water and kept constantly applied. Uterus and breast doing well. Diet confined to milk and beef-tea, with eight ounces of whisky in twenty-four hours in the milk. Ice bags have been kept to the head. She continued doing very well, and on the 10th instant the sutures were removed, at which time she had quite recovered her mind.

About the 15th instant her respirations began to increase, and hypostatic pneumonia developed in the left lung, which rapidly spread, so that crepitant râles could be heard over the whole posterior surface; there was dullness on percussion; pulse very feeble and rapid; four drachms of whisky were administered hypodermically, and the amount of that spirit given by the mouth was increased to one pint per diem, on account of her excessive prostation. Quin. sulph., five grains every two hours, also given.

By the 18th instant she was much improved, though excessively weak. Lochia very scanty and normal in appearance. Vagina syringed out daily with solution Labarraque, one drachm to one pint. Head wound doing well and rapidly closing. Appetite improved. She complained of some considerable soreness around the wound.

By August 25th she sat up in bed, and took food well. Still very weak, and complains a great deal of giddiness while sitting up.

Until September 3d she had been doing very well. Some dead bone had been removed, and the wound had nearly closed, though more rough bone could be detected. She was still very weak.

She complained, about the 4th instant, of pleuritic pains on the left side, which were very severe, with deep respiration; friction murmur was distinct over lower portion of left lung; dullness on percussion. Her pulse and temperature were increased, and there was great general disturbance. Whisky was increased to eight ounces daily, from the four ounces to which it had fallen, and quin. sulph. in the same doses as before was resorted to, with dry cups to the side. She soon rallied again.

By September 18th she was walking about the ward a little, and though very weak, felt well.

On September 27th she had gained sufficient strength to go home. There was a piece of dead bone exposed, but it had not yet become exfoliated. All the wound had closed up but a very small portion, from which a few drops of pus ran during the day. Her general condition at this time was very good.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY, February 28th, 1877.

REPORTED BY FRANK WOODBURY, M. D.

Conversational Meeting, held at the Hall of the College of Physicians, President H. H. Smith, M.D., in the chair.

After passing a vote of thanks to Dr. Allis for his interesting paper on

The Mechanism of the Hip-joint, with Reference to Some of Its More Frequent Injuries,*

the subject was opened for discussion.

Dr. Packard thought that the ligament described by Dr. Allis was a portion of the fascia, or general involucrum of the lower limb, and while it undoubtedly had the action assigned to it, its main function was the affording of attachment to muscles and intermuscular septa. In explaining the position known as "at rest," Dr. Packard believed that the structure of the bones must be taken into the account.

On examining a vertical section through the head and neck of the femur, we find that from the upper end of the inner wall of the shaft of the bone, the fibres of the cancellous structure run upward, spreading out so as to stay up, as it were, the hemispherical shell of the head, and receive the weight of the body transmitted through the acetabulum.

Another series of cancellous fibres, starting from the same point, run upward and outward, and are joined by still a third set, which radiate upward and inward from the outer wall of the shaft. These two sets of fibres form, together, a series of groined arches, culminating at the upper or outer wall of the neck of the bone, a

* See page 301.

little to the inner side of the great trochanter. They serve to distribute the weight of the body to the outer as well as to the inner wall of the shaft of the femur.

If now we examine the lower end of the femur, the ends of the tibia and fibula, and the bones of the foot, we shall find analogous but simpler arrangements of the cancellous structure, so as always to give the greatest amount of resistance with the least amount of bony substance.

Now, in the position "at rest," the weight of the body is simply thrown on one or the other of the lower extremities, in such a posture as to let this passive resistance of the bony structure be the sole, or almost the sole, means of support, reducing to a minimum the necessity for muscular action in the steadying of the limb. For, in the ordinary standing position, there is an incessantly alternating action of the various muscles, especially of the leg and foot, in maintaining the balance. Hence the fatigue so well known to be produced by it when long-continued. That the ligament mentioned by Dr. Allis may have a marked influence in staying up the bones and keeping them in line, so as to afford steady support, is highly probable.

From the anatomical structure mentioned as belonging to the neck of the femur, there results a constant condition, in extra-capsular fractures of that part, viz., that the line of breakage, beginning at the lower wall of the neck, runs upward and inward to the upper, so as to give the inner fragment a more or less pointed shape.

The great power of the fibrous and muscular tissues about the upper part of the femur is shown in some cases of fracture in which the patient is not wholly unable to walk. Dr. Packard mentioned a case seen by himself, in which an old lady was able, not only to walk about, but to go up and down stairs for a week after she had sustained a fracture of the cervix femoris. Of course, the fragments were, during this time, impacted, but they became quite freely movable before her death, which ensued some four weeks after the accident.

Dr. Packard thought that the positive value of measurement, whether as a diagnostic means or as a test of the success of treatment, was apt to be over-estimated. The published observations of Dr. W. C. Cox and others would show that differences exist between the limbs, even when there has never been any injury sustained by either. Nor is it easy to see why any position for measurement is better than the ordinary one, provided the patient lies straight on a firm surface, with the limbs exactly parallel, and in the same relation to the body.

Dr. Allis disavowed any intention of recommending measurement as the sole diagnostic expedient, and one in all cases to be absolutely relied upon, but thought that by resorting to the expedient of examining the limbs in different relations with the body, both when they are fully extended and flexed at right angles with the trunk, any shortening would be made manifest and any change in the axis of rotation positively demonstrated. Too much reliance should not be placed on measuring, but at the same time it affords a test convenient of application and which we cannot afford to neglect.

In the physiology of standing at rest, while the body is supported by one leg, the ligaments of the knee and the fascia lata brace the joints and bear the strain, so that the muscles are nearly in a state of rest.

Dr. R. A. Cleemann called attention to a sign of shortening after fracture of the femur that he had not seen noticed in the books. He referred to the appearance of a ridge or groove in the ligamentum patellæ, which is particularly obvious in old persons. He also takes the tension of this ligament as his guide in applying traction in the after-treatment; as long as the groove remains, he concludes that he has not enough extension on the limb.

Proof of the Protection Afforded by Vaccination.

Dr. Barr asked permission to report a striking illustration of the immunity from small-pox furnished by vaccination. A case of small-pox occurring in a house where there were several families, it was promptly transferred to the hospital, and afterward died. Every person in the house, including several children, was immediately vaccinated, except two babies who had eczema capitis, one of whom was sent immediately to the country. The result was that every one who had been vaccinated escaped the small-pox, while both of the two infants were affected by the disease.

Typhoid Fever Occuring During Pregnancy.

Dr. William Pepper invited the attention of the Society to the subject of typhoid fever occurring during pregnancy, in order to obtain the results of the experience of the members present in regard to the relative frequency of the complication, the number of abortions, the rate of mortality, and whether a fatal result would be due to nervous symptoms or the accident of abortion. He was satisfied that the statements in the text-books, on these points, were generally erroneous. Although Murchison reports only fourteen cases, ten of which were his own, the experience of the speaker, both before and during the recent typhoid fever epidemic, taught him that the complication is neither as rare nor as dangerous as authorities would have us believe. Certainly pregnancy does not offer protection or immunity from the typhoid fever poison, as asserted by Niemeyer.

This complication of typhoid fever is exceedingly interesting, as in some cases the gastric symptoms become so serious as to render it almost impossible to nourish the patient; in others, fatal exhaustion occurs, evidently partly induced by the pregnancy; in others, abortion occurs without any bad results, and finally, in others still the gestation goes on uninterruptedly.

In a case of protracted and severe typhoid fever in a primiparous woman, at the third

month, abortion occurred after the decline of the fever, without a single bad symptom except a retained placenta. In another case, at the fourth month of pregnancy, typhoid fever occurred, and the patient recovered; six weeks later, while the patient was apparently well, abortion came on without any evident cause to account for it. The fœtus had evidently not perished at the time of the attack of fever, though it could not be determined whether its development had been arrested, or whether any placental disease had occurred which led to the subsequent abortion. The patient made a good recovery. Beside the cases just quoted, he had seen two others this fall, both of which recovered, one going to full term. He had collected a number of cases, and was satisfied that the mortality is less than is generally supposed.

Dr. Geo. Hamilton was able to recall only one case, in many years' practice, where typhoid fever had occurred in pregnancy. The patient was multiparous, and gestation had advanced to within a month of the normal period, when, in the third week of typhoid, premature labor came on, and the ovum was expelled, with the membranes entire. The child was born alive, but was allowed to perish in the membranes before the doctor arrived. No hemorrhage followed the delivery, but the patient died a week later, apparently from debility; his impression having always been that the death was to be attributed to the fever rather than to the accident of abortion.

Dr. W. R. D. Blackwood said that the only case that he had met occurred last fall. The patient was in the fourth month when she suffered from a marked attack of typhoid fever, which did not, however, interrupt the gestation, as the fœtus is living, although not yet delivered.

Dr. William Goodell, about twenty years ago, saw a case of typhoid fever, in which an immature fœtus of about the fourth or fifth month was rapidly expelled, the mother dying of exhaustion a few days afterward. In this case also there was a remarkable absence of hemorrhage after labor, which, indeed, might be termed bloodless. From the reports that had been already made on this point, he thought that this condition was more than a coincidence, and might be one of the symptoms attending this interesting complication.

Editorial Department.

Periscope.

When to Operate for Mammary Cancer, and When Not.

Mr. Sampson Gangee, F. R. S. E., surgeon to the Queen's Hospital, Birmingham, has the following excellent remarks in a late number of the British *Medical Journal*:—

It is especially true of operations for cancer, that they should not be undertaken unless there is the utmost attainable certainty of the surgeon being able to complete them; to remove the whole disease, and leave the parts in a state favorable to speedy and solid union. If a scirrhous breast is to be interfered with at all, such interference cannot be too speedy or too thorough. From a woman above sixty, it is only under very exceptional circumstances that the removal of a scirrhus should be recommended. In old persons, such growths are often very slow in their course, give little pain, and are consistent with several years' life with comparatively little discomfort. The other conditions which are a bar to the operation are—*a*. Ulceration of the tumor and of the covering integument; *b*. Adhesion to the pectoral muscle; *c*. Infiltration of the mammary gland with cancerous matter as distinguished from the circumscribed tumor in its substance; *d*. A chain of indurated glands in the axilla; *e*. Any induration of the glands above the clavicle; *f*. Brawny infiltration of the skin over the affected breast; *g*. The existence of scirrhus in both breasts, or in any other organ besides one breast.

In an otherwise healthy person below fifty-five years of age, I do not consider a retracted nipple, a pucker or dimple in the skin, or one enlarged movable gland in the axilla, severally, objections to the operation. Once operative interference is decided upon, which is the best plan? Clearly the knife, not the elastic ligature or caustics.

A few words as to the operation and its after-treatment. Commencing at the sternum, I direct the incisions straight across the chest, through the fascia covering the pectoral muscle, which I invariably dissect clean. The mamma, grasped in the hand, is forcibly raised, the handle of the knife being freely used to separate its loose connections; the point or edge of the instrument is only employed to give a light touch to any bond of union which resists a goodly amount of traction. By this means very little blood is lost. It is now many years since I tied or twisted a vessel in an operation of this kind. The surface of the wound is lightly brushed with styptic colloid, and narrow strips of lint soaked in the same agent are used to close the wound after the edges have been very accurately adjusted by points of metallic sutures, at a distance of about three-quarters of an inch from each other. A drainage tube is placed in the outer angle of the wound, and

over it pads of picked oakum in common muslin bags. A nicely compressing bandage surrounds the chest, and binds the arm to the side, with the hand across the chest. The dressing is not troubled for a week, when, as a rule, the greater part of the wound is healed. The operation, thus simplified according to the first principles of plastic surgery, is attended with singularly little pain.

Is Pneumonia a Zymotic Disease?

A reviewer in the Edinburgh *Medical Journal* discusses the view of Ziemssen and Jurgensen, that pneumonia is closely allied to the specific fevers. He goes on to say, quite recently, other observers, Mr. Buchan and Dr. Arthur Mitchell, in the Journal of the Scottish Meteorological Society, have investigated the same subject on the basis of thirty years' reports of the same mortality returns (those of London), and they have not found Ziemssen's views in any way supported. On the contrary, they have found the mortality curve for pneumonia to be very steadily marked from year to year, and to be essentially the same as that from bronchitis, which no one is likely to look upon as a specific fever, or to accuse of being anything but an inflammatory affection. The pneumonia curve also differs *in toto* from those of typhus, typhoid, or even simple continued fever, as well as from that of pleurisy, the curve of the latter being somewhat analogous to that of rheumatism and pericarditis. There is nothing, therefore, in these statistics—the most perfect in the world, and extending over a longer period than any others—that lends the slightest support to the theory that pneumonia is a specific fever of any kind, or indeed anything else than an inflammation pure and simple. True, it differs in many respects from the inflammations of other organs, but so do the lungs differ in structure from other organs. Pneumonia differs also in many respects from interstitial inflammation (cirrhosis) of the lungs; so does hepatitis from cirrhosis of the liver; but though we all acknowledge the latter to be the result of a chronic inflammatory process, no one yet has hazarded the supposition that the former is due to a specific fever. It is quite true that in pneumonia the fever often abruptly ceases long before the local lesion is resolved; in a healthy subject this, however, is unusual, as the resolution is in such patients very rapidly completed. But be that as it may, the rapid cessation of a frequently very high pyrexia with the continuance of the local lesion often for a very long time, is a daily occurrence in embolic pneumonia, which is purely a local process, and could not possibly be supposed to have even the most remote connection with any form of specific fever; and, indeed, it requires but a very slight acquaintance with pyrexial processes to discover that the period of convalescence or repair is never pyrexial, or, as Dr. Burdon-Sanderson has stated, "does not form part of the febrile process."

The Relations of Sewer Gases to Typhoid Fever.

An English contemporary remarks:—The recent epidemic of typhoid in Paris, like the epidemics of 1865 and 1872, specially selected particular districts, streets, and houses. It, for example, particularly raged in the *quartier Saint-Laurent*, and in the great barracks of Saint-Eugène, where the malady became so general and so fatal that they had to be evacuated by the troops. Draw a plan of the sewers of Paris, and you draw a map of the topography of typhoid fever in the past and latest epidemics. The great central sewer—the Cloaca Maxima—of Paris, the length of which is 6329 metres, traverses the *quartier Saint-Laurent* from east to west, passes under the Saint-Eugène barracks, receives the Asnières sewer in the Rue de Château d'Eau, and proceeds onward to the Champs Elysées, permeating, by house-drains and otherwise, streets and dwellings with its gaseous emanations charged with typhoid contagium.

The Method of Taxis.

The following definite directions are given in the New Orleans *Medical and Surgical Journal*, by Professor L. A. Dugas, M. D., of Atlanta Medical College:—

The patient should be placed upon a couch of such elevation that the surgeon, comfortably seated, may reach the tumor with the right hand without fatigue. The shoulders of the patient should be moderately elevated upon pillows, so as to insure a semi-flexed position of the trunk, while the knees and thighs are also semi-flexed. We have then a complete relaxation of all the muscles interested. The tumor is then grasped with the fingers and thumb in such a manner as to make gentle compression and motion in every direction, for the purpose of driving out of the intestinal noose the gases and liquids it may contain, and thereby reducing the size of the tumor. No violence should be used, and therefore no pain be induced. The surgeon must be well armed with patience, and with the conviction that the reduction can be made neither by violence nor by haste. The patient should be especially directed to be entirely passive, and to avoid any contraction of the abdominal muscles, or expulsory efforts. After fruitless efforts have been continued fifteen minutes the surgeon may need rest, and he may then invoke the aid of the patient, inasmuch as most of them have acquired some experience by reducing former descents without professional aid. The patient should then be asked to try his own method while the surgeon is at rest, and the result will often be successful. You will find that the patient never gives himself any pain, and usually resorts to gentle motion, back and forth, of the tumor. If he fail, a chair should be turned down on his bed in such manner as to constitute an inclined plane, upon which he should be placed, with his head down, and his pelvis at the highest point. The legs should be flexed, and supported by an as-

sistant. By this position, the gravitation of the abdominal contents will powerfully assist, and sometimes complete, the reduction in ten or fifteen minutes. The surgeon should hold up the tumor, move it to and fro, and by pressure from above downward, endeavor to drag the intestines away from the constricted canal. If he fail, let the patient try again.

By repeated and persevering attempts, success will most certainly be secured. It is singular that so obvious a procedure as placing the patient upon an inclined plane should not oftener be advised by systematic writers. If any have recommended it, the fact has escaped my observation.

The Tampon in Post-partum Hemorrhage.

During a recent discussion at the Obstetrical Society of Edinburgh, Dr. Milne remarked that he condemned the tampon in post-partum hemorrhage in the majority of instances, but he had not made up his mind to discard it in those cases, happily rare, where the only alternative was the styptic injection. He had the authority of the President of the Society for saying that his uncle, the late Sir James Simpson, had, in at least one case, employed the tampon. He would repeat, that it must be carefully and judiciously done, and the uterus should be watched well and manipulated externally at the same time. If uterine relaxation and expansion took place, then it would be our bounden duty to extract the plug at once, and to resort, if need be, to the desperate measure of Barnes.

The Spontaneous Cure of Cavities in the Lungs.

At a late meeting of the Clinical Society of London, that able observer, Dr. Theodore Williams, exhibited the patient, a middle-aged foundryman, in whom the disease began ten years ago with profuse hæmoptysis, followed by the usual phthisical symptoms. Three years ago a tinkling cavity was detected in the upper portion of the right lung. Since that date he had gained flesh, the cough had diminished, and he had been able to return to his occupation; and, on readmission into the Brompton Hospital in December, 1876, marked shrinking of the whole of the right chest was noticed. The cavity was found to have contracted, but not to have disappeared, distant cavernous sounds being still audible. The physical signs indicated considerable displacement of the neighboring organs; the left lung was drawn across the median line, and the liver and heart were both displaced toward the contracting cavity. The general health showed corresponding improvement, a considerable amount of weight having been gained. Dr. Williams remarked that the contraction of an amphoric cavity was a very rare occurrence, and that this was a good instance of the various changes in the wall of the thorax, amounting here almost to a deformity and the displacement of the various organs that were necessary to fill up so large a void.

Dr. B. Yeo thought that the fact of there being a contracting cavity in the lung was simply accidental, and not due to any special treatment. He mentioned the case of a clerk in the city, who for twelve years had had a cavity in the lung, but who took extremely little care of himself, going on an omnibus, in all weathers, to and from his daily occupation to Brompton, and in whom, without any special treatment or care, the cavity had greatly contracted.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A General Index to the New York *Medical Journal*, from April 1865 to June 1876, has been prepared by Dr. James B. Hunter, and published by D. Appleton & Co. The arrangement is judicious, and it will be highly appreciated by those with files of that publication.

——Dr. William S. Ely has favored us with a copy of his address as retiring President of the Medical Association of New York. His subject is, "The Philosophy of Disease." Disease he defines as "the resultant of certain related abnormal activities," a definition which in the last-but-one word begs the question, as abnormal here is synonymous with pathological. The fact is, the medical world is not yet ready to discuss Dr. Ely's topic.

BOOK NOTICES.

Transactions of the State Medical Society of Virginia.

F. D. Cunningham, M. D., President of the Society, in his address, comments on the failure of the Legislature of Virginia to enact a law protecting the community against charlatanism. "Is it not a reflection," he adds, "upon the enlightenment of those who compose our State Legislature, in the face of repeated efforts on the part of the Society, through its Committee, for them to refuse to pass an Act establishing a State Medical Board of Examiners, and to allow a fund to carry out the designs of the State Board of Health?" Twelve States of the Union have created Boards of Health, ten of which have appropriated money to sustain them.

Dr. Cunningham referred to the ineffectual laws to prevent the sale of adulterated drugs, and to the establishment of the Pinel Hospital for Inebriates, at Richmond.

Address to the Public and Profession. G. McDonald, M. D., selected for his theme, "The Doctor."

Professor J. W. Mallet, M. D., University of Virginia, presented a learned exposition on late advances of pure chemistry, in directions related more especially to medicine, with an explanation of the true composition of the alkaloids and of albuminoid bodies, the least understood classes of organic substances.

"Advances in Pharmacy." W. H. Taylor, M. D., called special attention to the antiseptic properties of hydrate chloral.

"Advances in Materia Medica and Therapeutics." J. Spottswood Welford, M. D. According to the reporter, nearly all Southern surgeons give preference to chloroform. In childhood and obstetrics its use is as nearly safe as any other article of the materia medica. The danger from the use of chloroform arises from the fact that an impure article contains a dangerous empyreumatic oil. It is very important that the specimen should be obtained from a reliable manufacturer; Squibbs' is to be preferred. A test of its purity is to pour a small quantity on the hand; if there remain any unpleasant odor, the article should be rejected. Chloroform should be administered by using a stiff or starched napkin, so folded as to render a large orifice always open for the admission of air, to avoid chloroform narcosis and paralysis of the heart. The reporter declares his belief that wherever the system is suffering severe pain, or any violent nervous excitement, such as spasm or convulsion, chloroform, when properly administered, is safe; the object being to relieve, not to prevent, pain.

"Advance in Therapeutics." A. M. Fauntleroy, M. D.

Alcohol.—It furnishes, by its combustion, the heat required for the continuance of the nutritive processes, substituting the functions of food and bridging over the chasm of greatest prostration, during which the organism would otherwise succumb. The substitution of warm milk is the safest mode to deal with hemorrhages.

Phosphorus.—Its utility in the proportion of one-twelfth-grain doses, after meals, is most strikingly exemplified in cases of nervous break-down, constant headache increased by mental effort, with insomnia and palpitation of the heart.

Salicin.—The reporter testifies, from clinical experience, to the value of this salt in the treatment of dysentery and the diarrhœa of phthisis. The antiseptic qualities of salicylate of soda is recommended as a valuable antipyretic, and proves a decidedly restorative agent in diphtheria, when the local and internal use of the salt are conjoined.

Monobromide of Camphor is a useful nervous sedative for the relief of infantile convulsions, hysteria and delirium tremens.

Nitrite of Amyl is a valuable nervine in cases of spasmodic asthma and epilepsy.

Gelseminum sempervirens has been used by Southern physicians, for a quarter of a century, in the treatment of fevers, having a direct influence upon the automatic respiratory centre. Several cases of tetanus and strychnine poisoning have been recorded as relieved by this remedy.

The fluid extract (gtt. viij), administered at intervals of fifteen minutes, the reporter recommends to overcome rigid os uteri and sphincter perinei.

"Advance in Surgery," by Benjamin Blackford, M. D. Antiseptic surgery is based upon the theory of Mr. Lister, who affirms that in the dust of the atmosphere there are germs of minute organisms, which, under favorable circumstances, induce putrefaction in the fluids and solids. These germs can be destroyed by heat and by various chemical substances known as "antiseptics," and if the wound can be kept sweet the process of repair will go on in a healthy manner.

Of Bloodless Surgery, commended by Esmarch, it has been said that "operative surgery has reached the utmost bounds of perfection."

Anæsthesia.—Ether is used by many surgeons as a substitute for chloroform; the reporter asserts that danger arises more from carelessness in its administration than from any advantage it possesses over chloroform.

"Advance in Practice of Medicine," by S. W. Carmichael, M. D. Cold bath as an antipyretic is based upon the theory that those who succumb to typhoid fever die from the effect of the fever heat. A temperature of 68°F. is preferred, as a sedative, for calming delirium and all nervous symptoms.

In the treatment of chorea, Dr. S. Weir Mitchell relies chiefly upon arsenic.

"Advance of Hygiene and Public Health," by J. L. Cabell, M. D.

Parasitic diseases are caused by the introduc-

tion of the larvæ of various entozoa into the alimentary canal by some article of food and drink.

Tetanoid fever is the synonym for cerebro-spinal meningitis, and is induced by eating breadstuffs containing diseased grain.

Purity of the Air.—Six volumes of carbonic acid, in 10,000 volumes of air, is to be regarded as the maximum limit of permissible purity. In the depression, pallor and faintness which prevails in dwellings and crowded assemblies, we have some physical change of the oxygen of the air, which becomes an indirect poisonous agent, causing symptoms akin to those produced by certain winds, notably the east wind; with reference to impurities of the air by sewage emanations, it is important to remember that agents which destroy foul effluvia may yet leave all the powers of disease undiminished.

Dr. Cabell was elected President of the Society for the present year. The Society meets next at Petersburg, Va.

F. Horner, Jr., M. D.

A Practical Treatise on the Diseases of Children. By J. Forsyth Meigs, M. D., etc., and William Pepper, A. M., M. D., etc. Sixth Edition, Revised and enlarged. Philadelphia, Lindsay & Blakiston, 1877. One volume, 8vo. Price, cloth, $6; sheep, $7.

A new edition of this popular work has been in demand for some time, and is here presented after a careful revision of the text and some additions to the number of articles. Among these we may mention one upon night terrors, and another on epidemic cerebro-spinal meningitis. The discussion of the important subject of tracheotomy has been amplified, and various modifications in their views as to treatment are noted by the authors.

We quote a few points we have marked. On the much discussed subject of venesection they, in several instances at least, have become more cautious in recommending it, although they do not wholly banish it from infantile therapeutics. The authors agree with other late writers in objecting to the use of condensed milk, except in a limited class of cases. They justly say it is by no means so good a diet as fresh cow milk. They still prefer alum and belladonna to anything else in whooping cough. They acknowledge in vaccination a glowing preference for bovine virus over humanized, "on account of its convenience and reliability." The article on the treatment of diphtheria is less satisfactory than any other part of the book we have read.

The book is, as usual with the publishers, handsomely presented and well indexed.

Proceedings of the Conference of Charities, held in connection with the General Meeting of the American Social Science Association, September, 1876. Joel Munsell, Albany, pp. 186.

This is the report of the third conference of the members of the various State Boards which deal with public charity in the United States. Gentlemen connected with various private charities were also present. The subjects discussed may be seen from the papers presented. One, by Dr. Nathan Allen, was upon "Insanity, its Origin and Management;" on the same subject reports were read by Drs. Mann, Tourtellot, Wilbur, Bodine, and Luther. "Hospital Building" was discussed by Francis Wells; "Public Buildings for the Dependent Classes," by Frederick A. Wines; "Placing out Homeless Children," by Charles L. Brace; "Immigration and Pauperism," by Messrs. Sanborn and Anderson. The immense benefit which will be derived from union of efforts to such ends as here indicated, may well be divined. Such conferences are most commendable.

Myelitis of the Anterior Horns, or Spinal Paralysis of the Adult and Child. By E. C. Seguin, M. D., etc. New York, G. P. Putnam's Sons. Cloth, 8vo, pp. 120. Price $1.50.

This monograph is the enlargement of an essay printed in 1874. The disease of which it treats has been differentiated only within the last few years. It is a form of spinal paralysis in the adult quite like that called infantile, and has received various names. The diagnosis is by no means easy, as it is liable to be confounded with other forms of paralysis, with spinal congestion, progressive muscular atrophy, etc. Only a careful consideration of all the symptoms can lead to a positive result. Dr. Seguin relates forty-five cases, classifies them, and studies the symptoms first analytically, then synthetically. As to cause, cold and dampness are the only exciting causes we know of in the adult. The prognosis is usually favorable. Counter-irritation, belladonna, ergot and iodide of potassium are prominent means of treatment for the earlier stages; for the latter, electricity, baths, massage, and orthopedic appliances are called for.

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THE HARRISBURG HOSPITAL AFFAIR.

The Harrisburg hospital offers an example of what is liable to occur in any community, and merits, therefore, general notice. As many readers are aware, the managers of this hospital passed a resolution, in 1873, to buy homœopathic medicines, and if any patient wished to be treated by them, a homœopathic physician was to be summoned. The regular medical staff felt that they could not sanction this step, and resigned. The County Medical Society approved and endorsed their action, and the members pledged themselves, individually, not to accept any position in the hospital "unless each and every member of the late Staff be re-elected by the Managers of said Hospital, and all other practice but that of the regular school of medicine be ignored."

As everywhere, however, there were in Harrisburg a number of regular practitioners not members of the County Society, we believe, but claiming to be governed by the rules of medical ethics, and from these a new staff was elected and have been on duty ever since.

Two pamphlets which we have lately received, one from the Managers and one from the present Staff, undertake to explain these transactions. The former acknowledge in the most naïve manner their utter unfitness for the position they had accepted, as Managers of a Hospital. They say—

"It is due to ourselves, that we positively disclaim any thought or purpose, in anything which was done, to offend the personal or professional feeling of any of the gentlemen who so kindly, in the first place, proffered their services in the relief of our fellow men—the common cause in which we were engaged."

"It was believed that to permit a patient to have a physician of such school as he might elect to visit him, if he desired, would certainly not retard his recovery. It was not for an instant imagined that, under the circumstances, umbrage would be taken by our Staff. To them was still left the care and treatment of all the patients, excepting only such as might desire homœopathic treatment."

What a charming principle for a hospital to adopt! Suppose one patient should "elect" a water cure doctor, another a "healing medium," a third a Baunscheidist, a fourth a powwow man—no doubt these accommodating managers would sanction and aid his wishes. Such is the principle they advocate, and to such a medley would it lead. For men of sense and reputation to write their names under these recommendations is to manifest a strange debility of intellect. And to imagine that any medical man of repute would not feel his professional honor hurt by such action!

Now let us hear what the present Staff say for themselves; their pamphlet is addressed "to the medical profession." Their defence is, substantially, first, that the pledge of the members of the County Medical Society, above referred to, "was a conspiracy, of a trades-union character—illegal, from a medical standpoint, in every sense, and therefore not binding" (on regular physicians, not members of the Society,

we understand to be meant). Second, that no homœopathic medicines have been bought, and no patient has called for a homœopathic attendant. The latter is certainly not to the point, as it may not hold good for an hour. The present Staff accepted, with that contingency fully understood. The first reason is sounder. Legally, the action of the Society did not in the least control anybody but its members. But the defence is addressed to the medical profession, not to the bench. Respect for the action of the Society would have certainly been more consistent with the amenities of professional life.

The real question is simply this: can an honest practitioner of medicine sanction in a hospital, all the administration of the affairs of which are under his control (as the managers distinctly put it, page 8), the use of methods of treatment which he publicly repudiates as false and hurtful, and which in private practice he condemns and rejects? Like all questions of ethics, it narrows itself down to the individual conscientiousness of the man. If he can honestly do this, no blame attaches to him. But it is gratifying to see that the Medical Societies of Dauphin county and the State of Pennsylvania were not made up of men the majority of whom dwelt in such ethical obscurity.

While these general principles admit of no dispute, in the particular case in question the evidence certainly shows that the staff first appointed resigned too abruptly—without having first done all in their power to have the objectionable clause rescinded (we have good reason for saying they could have accomplished this). In this they acted unwisely, and ran great danger of letting the whole hospital drift into homœopathic hands. And this the present staff claim would infallibly have happened, if they, in spite of the resolution of the County Society, had not accepted the positions offered them. This, if true, must have due weight in appreciating their motives; for sometimes we have to allow a wrong, in order to secure a right.

Notes and Comments.

The Medical Division in Arkansas.

A valued correspondent in Arkansas writes us in relation to the two medical societies, each claiming to be the Arkansas State Medical Society, which divide the profession in that State. The American Medical Association has added to the confusion by first recognizing one, then discarding it, and receiving delegates from the other only.

Our correspondent suggests that each of these so-called State Societies shall be dissolved by its members, and delegates be appointed from County Societies to organize a wholly new State organization. This suggestion we believe is feasible and sound, and we earnestly commend it to the Arkansas profession.

Chamomile Fumes in Hay Fever.

Drs. Barnes, brothers, of Illinois, write to us to suggest a simple remedy which has been used with excellent results by them in a number of cases of hay fever, after all the usual methods of treatment had failed. The remedy is the inhalation of the smoke from burning the flowers of the English chamomile (*anthemis nobilis*.) The fumes should, of course, be brought in contact with every portion of the nasal passages, in order to receive the full benefit of the drug. A few coals on a plate and the flowers dropped on it, is a good way of using it.

Consumption as a Preventable Disease.

A striking suggestion is advanced by Dr. F. J. Bancroft, President of the State Board of Health of Colorado, in the First Annual Report of the Board, which we noticed recently. This suggestion is that phthisis properly belongs to the class of "filth diseases," and can be controlled and prevented by attention to cleanliness. Dr. Bancroft supports this view by the fact that tubercle is inoculable, and may enter the body through contaminated drinking water. In Colorado phthisis was unknown until cases from other States brought it there. Now it is found among the native population.

This view, in our opinion, receives very strong support from the history of health resorts in Europe. The time was when phthisis was practically unknown in Madeira, in Naples, in Malta, along the Riviera and the upper Nile. Consumptives flocked there in crowds, and now

in all these districts the native population succumb to the disease in quite as large proportion as elsewhere. The practical lesson is that equal care about disinfection and sanitation should be exercised in regard to consumption, as in regard to typhoid or scarlet fever.

Peroxide of Hydrogen.

This substance is strongly recommended as an antiseptic. It has been employed in scarlet fever with alleged success. Dr. John Day, of Melbourne, Australia, writes to the *Medical Times and Gazette*, March 10th :—

I have so much faith in the disinfecting properties of peroxide of hydrogen, that I recommend all my friends and patients who are in a position to afford it, to use freely that which, for want of a better name, I call oxygenated perfumery. It is made by adding ozonic ether, in the proportion of about a drachm to the ounce, to any kind of perfume, according to individual taste. I give the preference either to Rimmel's toilet vinegar, or eau de Cologne. Letters, newspapers, and articles of clothing may be disinfected by sprinkling them over with oxygenated eau de Cologne, or with any other oxygenated perfume.

The Use of Bromide of Camphor.

In the use of this article, Dr. Berger reports, in the *Klin. Wochenshrift*, No. 4, 1877, somewhat negative results. He found that even in doses of grs. xxv, bromide of camphor has scarcely any hypnotic action. In twelve cases of neuralgia its use produced very little improvement. In six cases of delirium tremens the patients were not quieted by doses gradually increased up to from one-half to one gramme every hour, whereas the use of chloral hydrate produced rapid improvement. A short experience of its use in epilepsy, in doses of from one-tenth to three-fifths of a gramme three or four times a day, was unfavorable to it, though Bourneville has reported good results in epileptic vertigo. Dr. Berger found bromide of camphor most efficacious in the purely nervous form of palpitation of the heart, and in irritation of the urinary and generative organs. In its administration in large doses, he recommends that the patient's temperature should be frequently taken, and that the drug should be at once omitted if the thermometer indicates a fall below the normal height. This advice is founded on the experiments of Bourneville, Pathault, and especially of Lawson, all of whom agree that bromide of camphor reduces the temperature of the body; while the latter has shown that, in the case of poisonous doses, this reduction is very considerable.

Human Milk on Sale.

It strikes the European as a singular fact that human milk can usually be obtained without difficulty in China. In the native city of Shanghai, it costs at present about twenty cents for half a pint. Dr. Mackenzie, of Ningpo, says that he has frequently seen the native women milking their breasts into small basins, in the streets of the native city and foreign settlement of Ningpo. It is esteemed by the Chinese as a nourishing food for old people, and for consumptives.

The Dangers of Mouth-Breathing.

The traveler, Catlin, wrote a curious book some years ago, entitled "Shut Your Mouth," in which he illustrated the many injurious consequences which follow breathing through the mouth.

In the February Number of the Edinburgh *Medical Journal*, Dr. James Patterson Cassels, Lecturer on Aural Surgery, in Glasgow, points out that a number of defects of the hearing arise from the same cause. He also believes the "snuffles" of infants is the result of a change in the mode of breathing, from the nose to the mouth.

The Pathological Effects of Alcohol.

In his late treatise on alcoholism, Dr. V. Magnan says, "Chronic intoxication, in its ultimate evolution, follows two different paths, the one ending in dementia, the other in general paralysis. These two modes of termination correspond, the first to fatty degeneration, the second to diffuse sclerosis of the nervous centres." Such is the ultimate result of drink. It would, indeed, be difficult to say which is the less desirable.

Effect of Colored Light on Insane Patients.

The assertions of Dr. Ponza, of Milan, that colored, especially blue, light has a soothing effect on insane patients (See Medical and Surgical Reporter, April 22, 1876), have been carefully tested by Dr. Taquet and other alien-

ists, and pronounced quite erroneous. Dr. Taquet says that Dr. Ponza is right in saying that blue light produces a sensation of strange oppression, with slight vertigo, and a certain fatigue, which, however, never does more than tend to produce light slumber. The medical superintendent of the Moscow Asylum, who has tried this new treatment, states that he has not met with any success. Dr. Taquet's article is in the *Annales Medico Psychologiques*, November, 1876.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

By an Invalid Physician.

LETTER XII—CALIFORNIA—THE COAST FROM THE GOLDEN GATE TO SAN DIÉGO.

Ed. Med. and Surg. Reporter.

Invalids who select the California coast, for either summer or winter residence, always go south of the Golden Gate. With the coast line, therefore, of counties like Sonoma, Mendocino and Humboldt, we have nothing to do. They possess attractions for the tourist and the settler only.

San Mateo, Santa Cruz, Monterey, San Luis Obispo, Santa Barbara, Los Angeles and San Diégo, are the coast counties that merit our attention. Sailing south from the Golden Gate, we first come to the towns of Santa Cruz and Monterey, located, respectively, on the north and south shores of Monterey Bay, and distant seventy and eighty-five miles from San Francisco. Santa Cruz is quite a summer resort, a Cape May for the San Franciscans.

Monterey is a quaint old Spanish town, pretty to look upon, and difficult to get anything to eat in.

Although these places are delightful retreats to the well, they are not fit residences for the sick. In winter they are visited by rain and fog, and in summer they receive the full force of the northwest winds, which strike hard upon this coast.

After leaving Monterey, the coast slopes away to the southeast, until Point Conception is reached, distant about two hundred and forty miles from San Francisco, when it takes an almost right-angled turn, and runs from west to east. This makes the southern border of Santa Barbara county face due south, and as the mountains turn and run parallel with the coast, the town of Santa Barbara thus receives southern exposure and protection from northwest winds. Twenty-five to thirty miles south of the coast, run, in a parallel line with it, the islands called San Miguel, Santa Rosa, Santa Cruz and Anacapa. The intervening sea between these islands and the coast of Santa Barbara county is known as Santa Barbara Channel. Its waters are warm, as it receives part of the descending current of the Japan or China stream.

Coming from Panama, we sailed between the islands of Santa Cruz and Santa Rosa (you will notice how the old Spanish *padres* sainted everything, from a mountain to a mission), and an observation, on January 24th, showed the temperature of both atmosphere and surface water to be about 60°F.

Santa Barbara channel, along the coast, was obscured by thick fog, and this the captain told me was of frequent occurrence. Santa Barbara, although not so bad, is the nearest approach in America to Mentone. The latter puts forth the claim to similar geographical position, healthfulness, society, hotels, and even goes so far as to claim exemption from Sirocco winds, through the intervention of the distant island of Corsica. The trouble about Santa Barbara is that it has scraped all the cures and benefits of the place together, and scattered them far and wide, in newspaper, pamphlet, and book, but it has never given forth any of its disadvantages. These I am pleased to enumerate, for I think of all the heartless frauds, that of an over-rated health resort is alike the most cruel and contemptible. Professor Alfred Loomis, of New York, once asked me in the Adirondack Mountains if I had ever looked into the records of Santa Barbara, for I spoke of going there. On my answering in the negative, he said, "I have, and its record is bad. Keep away from there." My experience in California amply corroborates the testimony of the gentleman I have named. During the winter season, the time it is most resorted to, Santa Barbara, besides its share of rain, is the home of the fog. Perceptible moisture clogs its morning atmosphere, and its evenings are chill. Those interested in it may publish tables of temperature by the gross, and give numbers of clear days by the thousand, and yet the fact incontestibly remains that phthisical patients do ill in that much puffed and over-rated town. For every well authenticated case of cure they can produce they can bring long lists of deaths occurring there, or to the invalid shortly after his departure.

The number of invalids who die at a health resort, compared with the total number who visit it is no test of its salubrity. The most famous resorts generally manage to get rid of the patient before his expiring moments, and, moreover, the patient himself generally reaches a stage of his disease when he is as anxious to return home as originally he was to leave it. The final objection to Santa Barbara is that it has become a herding place for invalids, where they mutually depress one another. The State is broad enough in its health area to practice the good doctrine of separation of invalids with similar complaints, to perfection.

Santa Barbara is best reached by steamer from San Francisco. To attempt it by cars involves a stage jolting of about eighty miles.

The little and growing town of Santa Monica,

on the seaboard of Los Angeles county, can lay claim to Southern exposure, mountain protection from winds, etc., with as much justice as Santa Barbara. Moreover, it can be reached by rail or steamer direct.

San Diégo, a shadeless town of great expectations, is, to my mind, the best sanitarium for consumptives on the California coast line. When I say this, I want it accompanied by the broad statement that the best place on the coast is a bad place for the class of invalids in which we are interested. Keep away from the coast, is my advice—the result of the most practical and prolonged of experiences—to the consumptive.

San Diégo is about four hundred and seventy miles from San Francisco by water. Steamers run to and fro weekly. They are old, and shaky, and dirty, but have to be endured until better ones take their place. The railroad runs to Anaheim, distant one hundred and ten miles from San Diégo, and a line of stages runs daily, or rather nightly, over the rest of the route. This long stage ride is not fit for the invalid. He might make it by private conveyance more comfortably, but the route offers no good place to lay over.

In expectation of being made the terminus of the Trans-continental Southern Pacific railroad, the gradings for it being completed two or three miles without the town, San Diégo blossoms forth a large brick hotel, two or three banks, long lines of stores, and many beautiful private residences. Its town lots, at greedy prices, invaded the neighboring sand hills and ranches. But the long deferred hope made it woefully sick, and nothing, I fear, but its winter visitors, saved it from the fate of some of our Pennsylvania oil towns.

The average annual rainfall of San Diégo is ten inches; that of Santa Barbara fifteen. Nearly and sometimes all of this rain falls in the five months from November to April.

My stay in San Diégo was during February. Our windows were up all day, and the flies were as active and annoying as in the fall at home. The thermometer varied, in the shade, at midday from 65° to 75°, and the sun's rays were quite piercing. A peculiarity of the place is that, no matter how great the heat, thick clothing is always agreeable. The prevailing west and northwest winds are damp and cold enough to chill, while the sun's rays heat. The sensation of the San Diégo climate is something like that of facing a blazing log fire and being warmed anteriorly, while a cold chill seems to be in full possession of the spine and calves of the legs. Here is an extract from Mr. Howgate's report (Signal Service, U. S. A.) of the San Diégo climate for 1876.

The prevailing winds were west and northwest, and their maximum velocity was 25. The average rainfall was 7.21 inches. There were 33 days in which it rained, 53 cloudy ones, and 280 fair, or clear ones. The mean relative humidity for the year was 72.4. The yearly average for morning, afternoon and night thermometric observation was 56.1, 66.9, and 59.8, respectively.

Taking the month of December for 1876 alone, the highest temperature was 77°; lowest, 43°; monthly range of temperature, 34°; greatest daily range of temperature, 24° Two cloudy days, two rainy ones, rest clear. For January, 1877, the highest temperature was 78° and the lowest 42°. The monthly range was 36°, and the greatest daily range 25°. Eight cloudy, six rainy days, the rest clear.

Here is the highest and lowest thermometer for the months of 1875:—

	Jan.	Feb.	March	April.	May.	June	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Lowest Ther.....	42	44	39	39	50	53	62	64	59	5	50	38
Highest Ther.....	68	70	71	77	82	77	79	83	88	88	78	85

On the whole, San Diégo may be considered the most equable and beneficial sea side climate that can be found in the United States, and I doubt if its superior can be found anywhere. Its markets are well supplied, the only necessary luxury that I found absent being ice. Twenty miles back from San Diégo one finds vallies that are the perfection of winter climate, where the orange ripens in December and the strawberry in February. At Fort Yuma, in the southeastern corner of the State, the annual rain fall averages but three inches, and the average temperature of January is between 60 and 70°. At this place, however, in July the days average above a hundred and the nights are in the nineties; but even then the air is dry, and one escapes the debilitating effects of moisture, even when present at a much lower temperature. On the Pacific ocean, off the Central American coast, moisture made the heat almost suffocating when the thermometer ranged from 80 to 85°.

A short distance inland from all the places I have named, Santa Cruz, Monterey, Santa Barbara, etc., one comes to a much better climate for the consumptive. The thing is to put a good high range of foot hills between yourself and the sea.

I found the climates of San Francisco and Oakland alike pernicious to me, but coming eight miles from the latter place, and putting a range of foot hills two thousand feet high between the sea and myself, I find an entirely different and suitable climate, although in a valley I am a thousand feet above sea level. The lilies, and roses, and fruit trees, are in full bloom, and our garden has yielded, for some time, radishes, lettuce, leeks, etc. People drive out here from Oakland, and report the day there foggy and windy, while here we have neither, but in place of them a champagne atmosphere and floods of sunlight. At night we sleep under blankets, and all day long the doors and windows are wide open.

In my next letter I will take the invalid to the climate par excellence of California, a district of country where he can remain summer

and winter, and where, I believe, if healing is in store for him, healing will surely come. I refer to the counties of Los Angeles, and San Bernardino.

Fish Ranche Contra Costa county, California, March 20th, 1877.

Absence of Certain Intestinal Worms in Texas.

Ed. Med. and Surg. Reporter:—

It is very common to hear the statement from old Texans that there are no intestinal worms here. Having done a general practice in the State for about two and a half years, I have not observed a case of ascaris lumbricoides, nor of ascaris vermicularis. Tænia are found, however, about as often as elsewhere. In consultation with physicians who have been in a general practice here for ten or twelve years, they tell me they have never met with a single case of ascaris lumbricoides, except in one or two instances, when the subject had just arrived from other States. Old men who have raised large families tell me they have never seen a *worm* in Texas. Consequently, I am led to believe that they do not exist here indigenously.

I have been called to examine and treat children who were supposed to have worms, but have never found a case where the symptoms would lead me to even suspect their presence. Notwithstanding this fact, vermifuges are sold, and children continue to be drenched on Jerusalem oak tea, and stuffed on worm candy to their own disgust, but persistently refuse to pass worms for the satisfaction of their anxious mothers. This fact is, to my mind, very singular, because in the Southeastern States the presence of worms is an every-day occurrence, so that every old woman is familiar with the symptoms and treatment. I have canvassed the matter, and am quite at a loss to arrive at a satisfactory reason why this is so. I would be glad if some of your readers would assign such reason.

Very respectfully,
H. P. Strain, M. D.

Mexia, Texas, March 27th, 1877.

Kerosene Oil in Croup.

Ed. Med. and Surg. Reporter:—

I would like to inquire, through the columns of the Reporter, if any of its readers ever heard of treating membranous croup with kerosene oil.

The following case came under my notice in January of this present year. A child, two years old, was taken with diphtheria, and my usual "sheet anchors" failed me; he grew no better, and January 21st he began to show symptoms of croup. They increased, until January 24th, when I gave up all hope of saving him, expecting he would go as his brother did the week before him.

As I was called away suddenly, I ordered, as a last resort, a bath from vapor of pine tar every hour, until I should return.

Returning a few hours after, I found less dyspnœa, and rejoicing in this newly found remedy, again left him, each time finding the dyspnœa abating, until he recovered from the croupy symptoms.

My disgust was soon as great as my former joy, at learning from the parents the following truth, viz.: after giving the first bath, he was greatly relieved for a time, but was soon suffering as bad as before, and after giving the second, with no better results, they gave him one teaspoonful of kerosene oil. They said it relieved him instantly. In four hours they repeated the dose; and it was after the second dose that I saw him last; for, upon learning the truth of the matter, I ceased treating him. Certain it is that the child recovered his health, and is the only one of my patients with membranous croup that I have saved this winter.

I find, upon investigation, several cases of its being taken in doses up to two tablespoonfuls for colic, croup, cough, cold, etc. Some of the poorer class using it as a panacea for all ailments. One patient, who has taken it several times, has dyspepsia very bad, whether from this or not, I am unable to say. I very often *leave* patients here who will take kerosene, with my remedies, until I know it.

Tuckerton, N. J. E. W. Harvey, M. D.

News and Miscellany.

Correction.

—In the reference to Dr. Rothrock's treatment of tænia, on page 311, col. 2, the substance recommended should be the bark of *shellbark*, not of horse chestnut.

American Medical Association.

The Twenty-eighth Annual Session will be held in the city of Chicago, Ill., on Tuesday, June 5, 1877, in Farwell Hall, at 11 A. M.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by *representation in their respective State Societies*, and from the Medical Department of the Army and Navy of the United States."

"Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

☞ Secretaries of Medical Societies as above designated are earnestly requested to forward,

at once, lists of their delegates, and also a list of members, with their residences.

"The Chairmen of the several sections shall prepare and read in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective Sections. * * * *"—By-Laws, Art. II., Sect. 4.

Practice of Medicine, Materia Medica, and Physiology—Dr. P. G. Robinson, St. Louis, Mo., *Chairman*. Dr. B. A. Vaughan, Columbus, Miss., *Secretary*.

Committees appointed to report to this Section:

On Clinical Observations—Dr. N. S. Davis, Ill., *Chairman*. Dr. H. A. Johnson, Ill. Dr. J. B. Johnson, Mo.

Obstetrics and Diseases of Women and Children—Dr. James P. White, Buffalo, N. Y., *Chairman*. Dr. Robert Battey, Atlanta, Ga., *Secretary*.

Surgery and Anatomy—Dr. ——— ———, *Chairman*. Dr. Moses Gunn, Chicago, Ill., *Secretary*.

Medical Jurisprudence, Chemistry, and Psychology—Dr. Eugene Grissom, Raleigh, N. C., *Chairman*. Dr. E. A. Hildreth, Wheeling, W. Va., *Secretary*.

State Medicine and Public Hygiene—Dr. Ezra M. Hunt, Metuchen, N. J., *Chairman*. Dr. D. R. Wallace, Waco, Texas, *Secretary*.

☞ "Papers appropriate to the several Sections, in order to secure consideration and action, must be sent to the Secretary of the appropriate Section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent to examine them with care, and, with the advice of the Chairman of his Section, to determine the time and order of their presentation, and give due notice of the same. * * * *"—By-Laws, Art. II., Sect. 5.

The following Committees are expected to report:—

On Influence of Climate on Pulmonary Diseases in Florida—Dr. E. T. Sabal, Fla., *Chairman*.

On Animal Vaccination—Dr. Henry A. Martin, Mass., *Chairman*.

On the Inheritance of Syphilis—Dr. J. W. Thompson, Ky., *Chairman*.

On Prize Essays—Dr. N. S. Davis, Ill., *Chairman*.

On Necrology—Dr. S. C. Chew, Md., *Chairman*.

On Catalogue of National Library—Dr. H. C. Wood, Pa., *Chairman*.

WM. B. ATKINSON, M. D., *Permanent Sec'y*.

New Insane Asylum.

The commission appointed to select a site for a new insane asylum for Eastern Pennsylvania have chosen the farm of Rudolphus Kent, near Gwynedd, in Montgomery county, on the North Pennsylvania Railroad. The farm contains about two hundred acres, and the price is $175 per acre.

The Lectures at Wagner's Institute of Science

are well attended this spring. The course is as follows:—

Monday evening, Miscellaneous. Tuesday evening, ———————. Wednesday evening, Dr. Leffman, Physics. Thursday evening, Dr. C. C. Vanderbeck, Anatomy and Physiology. Friday evening, Mr. Chapin, Telegraphy. Saturday evening, Mr. Clark, Geology.

Items.

—A singular item appears in the Saltsburg *Press*, to the effect that one Jacob Humble, of Marchand, Indiana county, in order to escape the payment of a large doctor bill, committed suicide.

—Hancock, Me., factories pay $5 a ton for sweet fern, to make tannin of.

—"Yes, Ike," said Mrs. Partington, reflectively, as her son was reading aloud the weekly list of deaths, "I have knowed a good many folks to die of suggestions of the brain; but it ain't so common as it used to be."

Personal.

—Dr. John M. Keating has removed to the Northwest corner of Twenty-second and Locust streets, this city.

—Dr. Jonathan Zerbe, a leading physician, prominent citizen, and active Republican politician, residing at Shæfferstown, Lebanon county, Pa., died at his residence in that place, on Tuesday evening, April 3d.

—Paul Morphy, the noted chess-player, is in a New Orleans asylum, hopelessly insane.

—Dr. Henry Masmere, of Maryland, has been locked up at York, Pa., for alleged indecently assaulting several ladies of that place.

OBITUARY.

Dr. W. A. TATEM,

of St. George's, Delaware, departed this life on the 27th of March. He graduated in medicine at the University of Pennsylvania in 1823, and at the time of his death was in the seventy-seventh year of his age. For more than fifty years he had enjoyed an extensive practice in Maryland and Delaware, highly respected by his professional associates, and loved by his patients. As a general practitioner he was discreet and skillful, though surgery was his favorite branch.

DEATHS.

ALLEN.—On the 27th of February, 1877, at his residence in Washington County, Texas, John G. Allen, M. D., aged about forty-five years. For many year he has been identified with the interests of the county. A leading physician, a bright Mason, a member of the Baptist Church, a kind, intelligent and public spirited citizen. He died of cerebral apoplexy, after a brief illness, and was buried with Masonic honors.

BURTON.—At Mitchell, Indiana, March 28th, 1877, George W., Jr., only son of Dr. George W. and Hattie C. Burton.

THE
MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

TREATMENT OF SYPHILITIC ULCERS.

BY GEORGE L. BEARDSLEY, A.M., M.D.

LECTURE V.

(*Continued from Volume xxxv, page* 330.)

The cure of every venereal sore is conditioned on the extraction of the virus. If measures fail, then, to bring to naught the evolution of syphilis, or the infection succeeds by multiplication, tertiary manifestations can be counter-checked only so far as not to annoy; the poison may be forced to forfeit a part of its wrath, the work of annihilation may be kept at bay, though the sting must ever irritate the tissues whose purity it first violated. No hope of redemption must be allowed, beyond lessening the susceptibility of the system to the effects of the venom. The suppression of all local evidences, then, is not to be intrusted to the agencies urged for the other classes of ulcers, as bandages, washes, ointments, etc., except as the abraded surfaces can assist in carrying the medicine to the absorbents. Our weapons must combat the spread of the scourge, as we cannot annul it, by enriching the already depurated blood, by rousing the processes of excretion to greater energy, particularly by attracting the poison to the skin, as the surest channel for elimination, by reforming the apostate tissues through the use of means designed to stop the incessant effusion of mephitic lymph.

The tartrate ferri et potass., recently pushed into notice as the unfailing antagonist of the pox, does not deserve to be thus singled out as a specific. Even the most fanatical advocates of mercury decline, in the face of flattering testimonials to its marked power for good, to pay to mercury the meed that French highfliers are so large-hearted in rendering to that other salt that has not yielded as plenteous a harvest of assurances. As a tonic alone is it to be noticed. If the wreck has been severe on the fibres sorely relaxed, no remedy acts often more effectively to rehabilitate the languid form. It is depuratory, but only as it supplies fresh pabulum to the blood—not that it exterminates the canker or forbids a further abuse of nature's forces—and exalts the function of excretion by giving strength to the vessels. The mercurial products, united with some of the preparations of iron, stay, as surely as any, the circulation of the virus. Let it not be understood by this assertion that my faith in mercury as an antisyphilitic remedy is stable, or approximates to a certainty. There are manifestations of the disease, I concede, that will vanish without the service of mercury in time, but a careful and protracted inquiry into valid cases of the pox has taught me that systems thus charged suffer less when they are made to feel the energy of saturnine resolvents, and I can never believe that this salt is as reprehensible as it is fashionable to insist, for the deformities that sully the physique of these victims. All this waste is the legitimate and irreversible issue of the extension of the disease. Because mercury has been imprudently advised, and then has sapped the vitality or marred the bloom of youth, this profanation of it should not be suffered to cheat our better judgment, or hurry us to unfairly accept its real worth.

The curse of mercury is to be credited only to its misappropriation, and the danger of its introducing physical depravity is as nothing, contrasted with the certainty of the ruthless havoc that goes after the unimpeded march of the other evil.

In struma the prescription of this mineral is, of course, an unpardonable trespass on the bodily vigor. Scrofulous temperaments are so terribly shattered by the mildest doses, that they are never to be tested on a tolerance of mercurials. When, then, syphilis is grafted on such stock, or is affiliated with such a cachexia, the iodides, supported by ferruginous tonics, are alone admissible. If the scrofulous or scorbutic indices are with difficulty made out, the risk of exhibiting mercurials is justifiable; the disaster, if any, is not irretrievable.

Barring these idiosyncrasies, mercury is to be selected as the supreme remedy to repress the tertiary crops. To secure its wholesome influence, however, it must be given in moderate measure, insensibly increased, and for a protracted period. Ptyalism, happily, now is repudiated as an unmistakable warrant of the satisfactory surrender of the system to mercury. Had this chimera been earlier rent, much of the fulminating arraignment of mercury might have been lost to paper, and its right service conceded. It is secondary what special salt is worthy of the championship. The bichloride is more easily borne than the biniodide, while the effect from the latter is more speedy, more decided, but less permanent. The protiodide is the mildest of all, and can be given in pill-form more conveniently than the other, as its minimum dose is not fractional. The bichloride was administered at the "Bureau" with the comp. syr. sarsparilla, as this is a pleasant menstruum, not because of any specific alterative property which early syphilographers loved to attribute to the smilax. To this mixture was added the iodide potassium, occasionally the iodide sodium. Syphilitic ulcers were brought under daily doses of this compound for a week, after which local medication was started. This practice of preparing these ulcers for direct treatment, by first combating the virus at large, cannot be too highly valued. To the virtue of the measure a long line of recoveries testify. A trial was made, on twenty syphilitic ulcers, of the hydrarg. cyanide, in doses of $\frac{1}{10}$ grain. Of these, six had previously been under the bichloride, and were compelled to drop it on account of its irritation. Of the cyanide, it is to be remarked, that no paroxysms of colic attend its use, even when shoved to $\frac{1}{8}$ grain, and it rarely salivates. Diaphoresis was quite a marked concomitant of its administration; frontal headache annoyed a few; but there was no diarrhœa, nor signs of malaise. The cyanide remains in solution unchanged for any length of time, a decided gain on the bichloride. Among other remedies the iodide of gold operates successfully. The formula should order $\frac{1}{12}$ grain with a grain of phytolacca decandra. Osteoscopic sufferings are at once relieved by this pill. The far-famed and loud-croaked alterative, iodoform, has met with a generous reception at my hand. I am unable to report adversely on it, nor yet give it a good word. It is certainly inert, compared with the other medicines enumerated for increasing excretion, though it comports tolerably as an entrophic, when joined with the iodide of iron. It is by no means the strongest example of an eliminative, and if efficient at all, its influence is principally conservative.

The topical medication is purely auxiliary to the general treatment. Ectrotic agents are useless, yea, invariably incense the temper of venereal ulcers. As the venom has already spent itself, its germ is past destruction. All we can hope to do is to inhibit the continued segmentation of the seed. This is to be accomplished by taking advantage of the principle of imbibition given to the tissues, electrifying the sluggish and drooping granulations, and clearing the grounds of the putrid excretions that stick to sores of this grade. The propriety of disinfecting the parts need not for a moment be questioned. The fancy of surgeons in this line of therapeutics may run riot, with no detriment to the patient, in experiments with the legion of antiseptics in market. Carbolic acid dressings, now at the tip of fashion in our several hospitals, suit these sores in neutralizing the effluvia, but do no more. This article I do not believe is as potent to put an end to a fully formed septic process in tissue, as is maintained. During my service the liq. sodæ chlorinat. was prescribed as often, and acted more kindly and as speedily. Gargles of it were ordered always for syphilitic excoriations of the throat, and proved a pleasant detergent. Solutions of pot permang. and chlorine water were also added to the list. A compound known as "bromo-chloralum," was early brought to my

notice. and through the weakness of a Yankee curiosity, I dealt it out, to see its worth. Prepossessed as I am, by education, against medical amalgams whose formulæ are housed by the proprietors, I am constrained to allow some quality to this mixture as a deodorizing wash for this or any ulcer. Salicylic acid. were it not a surgical luxury, would be a prized accession to the catalogue of disinfectants. It is most friendly to ulcerated tissues, while it loses none of its antiseptic properties because of its blandness.

Syphilitic ulcers, having thus been cleaned, are to be smeared with some oil or ointment, which must be more than emollient, whose ingredients will approach in character to the so-called specifics selected for the constitutional treatment. Mercury or iodine, or both, are, then, the proper resolvents for the bases of these pomades. The choice of the particular salt is to be awarded to individual preferences. Fortunately for varied prejudices, chemistry has introduced or assayed these minerals under so many differences of combination as to content the whims of all. The protiodide is the member of the group *par excellence* that "hits" these ulcers. To apologize for my absolute confidence in this salt, I may be permitted to refer to my hospital notes, which tell of three hundred cases treated with it, all of which (excepting thirty-five) were discharged cured. Essays were made simultaneously on one hundred and forty with the comp. iodine, the blue, the white precipitate, and citrine ointments. The average time before cicatrization was insured by the protiodide was from two and a half to six weeks; with the others from three and a half to ten weeks. The majority of those originally not under the protiodide were submitted to it after four to seven weeks' trial of the other applications. Of these ninety, I recorded recovery for sixty-seven. The remainder did not report at the end of the term, while of the fifty not dressed with the iodide at all, only five healed. The prescription required two drachms to an ounce of simple cerate. Every sore was first washed with the nitric acid lotion (ʒ to Oj) and dried with lint. No strapping nor bandaging was in practice, and the inunction was repeated every third day. As a substitute for the cerate, ether was advised for peculiar cases, as small or isolated sores, as the vehicle of the salt. A drachm of the mercury was dissolved in ether, sufficient collodion combined with it, and the mixture applied with a brush. Ulcers on the face and vesicular rupia were always thus dressed. The oleate or glycer-amyl compositions of this salt are certainly the neatest and most permanent. In whatever shape the "green iodide" is used, three results will be noticed: first, the cicatricial sprouts start earlier than by other methods; second, the bridges of tissue are stronger; third, ulcers thus healed show less fondness for relapses. The work of regeneration goes on steadily, and so thoroughly that no part is slighted, and the breach quickly closes, with a scar so insignificant that it barely hints at the old order of corruption.

COMMUNICATIONS.

VENOUS CONGESTION AS A PATHOLOGICAL CONDITION, AND BLOOD-LETTING IN RELATION THERETO.

BY GEORGE HAMILTON, M. D.,
Of Philadelphia.

Read before the Philadelphia County Medical Society, February, 1877.

Venous congestion has not, so far as my memory serves, been presented to the society at any previous time as a special subject of discussion. This seeming neglect may, perhaps, be found in the fact that, for one case of this pathological condition, when profound, twenty, or rather an indefinitely larger number of an opposite condition—fever, arterial congestion and inflammation—will occur in the practice of the physician. This disparity, however, does not obtain in all climes; for tropical countries, as a rule, furnish a much larger proportion of congestive cases than are to be found in more temperate regions. Unfortunately, too, it is in the tropics that venous congestion of a quickly fatal character most frequently occurs, and either alone or in complicated connection with an inflammation exceptionally prone to the disorganization of tissue, results but too often in the death of patients and the devastation of whole districts as with the besom of destruction. In evidence of this we have but to revert to the terrible and graphic accounts given by writers upon the plague of Asia and Africa, or, as it was afterward named, during its desolation of Germany, "The Black Death;" or again, whilst ravaging Italy, "The Great Mortality."

In many places it spared neither man nor beast. An instance of the susceptibility of animals to its malignancy is mentioned by Boccaccio, in his introduction to the "Decamerone," where he writes: "The tattered clothes of a poor man who lay dead from the disease were thrown into a highway of Florence, when I saw two pigs approach and begin to root at, tear with their teeth and shake the clothes, the one into the jowl of the other, as pigs are used to do, and in the space of one short hour both, after staggering around a few times, as if they were poisoned, fell dead upon the rags." * The loss of life by these epidemics was of a magnitude that finds no parallel in modern times, unless in the outbreak of cholera in Hindostan, in 1817, and which spread thence, with more or less violence, over the greater portion of the earth.

Death from the plague, by whatever other name known, or however diversified in feature in the different countries it ravaged, generally occurred between the third and fifth days, preceded very often by an eruption of buboes in the groins and axilla, and boils with dark spots on different parts of the body; these characteristics of the malady being generally regarded as the products of inflammation and fever, although the latter was often very slight or absent.

It is to be remembered, however, that whilst the phenomena and effects of fever and inflammation were familiar to the physicians of those times, the symptoms, nature and results of venous congestion were almost unknown, and hence, but little, if any, of the deadly character of these epidemics was attributed to this element in abnormal physiology. From the different records of the plague it appears that although the deaths were most numerous between the third and the fifth days, yet an immense number died upon the second or first day; some, indeed, in six or eight hours after the attack. Admitting that the efficient agents in the causation of these fatal epidemics were of the most malignant nature, it seems scarcely credible that in the short space of a few hours, or in one or two days, fever and inflammation combined could result in the production of buboes, boils, and, still more remarkable, so great a change in the tissue of the lungs, that it was often in, or simulated, a putrescent condition. If, however, in addition to fever and inflammation, some other concurrent agency, eminently adapted to alter and subvert the correlated action of the nervous system, thereby depraving the condition of the blood, and as a sequence, deranging the action of the whole glandular system, should lend its influence, we will have at least a partial solution of the sudden destruction of tissue and its attendant collapse of vital force. No deviation from a normal physiology would so rationally explain the phenomena and fatality of these epidemics as venous congestion; for when profound, it exceeds every other morbid agent in the rapidity and fatality of its action; when less intense, it will powerfully aid other agents in the destruction of life. As tending to strengthen this view let us call to mind the phenomena observed in cholera Asiatica, a disease which some members must have had opportunities of witnessing. Granted, that violent irritation and inflammation of the mucous membrane of the stomach and bowels may be the causes of the profuse watery discharges that attend this malady, the general condition reveals, even to the eye, the unmistakable evidence that arterial movement is at the lowest ebb, whilst the signs of profound venous congestion are still more pronounced, and may be verified by post-mortem investigation. But to render this point still more definite, the evidence is conclusive, that in the cholera of 1832, in our own country, some of the slaves upon the plantations in Louisiana died of the epidemic not many hours after the attack, without either vomiting or purging, whilst in other patients, upon the same plantations, and living in the same quarters, the disease pursued its normal career; for disease has its abnormal and normal aspect. The whole nervous system in these exceptional cases is doubtless so deranged or paralyzed that reaction is impossible; the blood becoming, in a measure, poisoned, the veins congested with dark blood, while the arteries are nearly deprived of their life-giving current, and thus is the vital principle extinguished, as it were, at its fountain head, too soon to admit the usual train of symptoms. Intense venous congestion,

* "Che essendo gli stracci d' un povero nomo, di tale infermita morto, gittati nella via publica, ed avvendosi ad essi due porci, e quegli, secondo il lor costumi, prima molto col grifo, e poi co' denti presigli, e scossiglisi alle guance, in piccola ora appresso, dopo alcuno avvolgimento, come se veleno avesser preso, amenduni sopra gli mal tirati stracci morti caddero in terra."—Decamerone, Giorn. 1, Introd.

unless cholera prevail, is fortunately not of very frequent occurrence, except in special seasons and in certain portions of the South and Southwest, where it is generally found in connection with remittent or intermittent fever, and is often called congestive fever; an objectionable title, inasmuch as the term congestion simply indicates one special pathological condition which may occur anywhere, and in diseases of diverse etiology and history.

The mortality of every disease in which symptoms of venous congestion are strongly marked is greatly increased, nor will a moderate degree fail to embarrass the treatment and augment the danger. Intermittent fever will, sometimes in the North, more frequently in the South, assume a form so dangerous and so quickly fatal as to have gained for it the appellation of pernicious, malignant, comatose or apoplectic. The congestion in some cases appears to be arterial rather than venous; in others the two forms may commingle so obscurely as to make it difficult to decide which condition is the more prominent. Pernicious intermittent, in private practice, is rare in this city or vicinity, a single case only having come under my care, ending fatally by coma in the third paroxysm, during the night of the third day of illness, while the patient upon the morning of each day seemed scarcely unwell. Typhoid pneumonia, when epidemic, is prone to passive congestion, or, more correctly, the congestion is the chief agent in precipitating the patient at an early period into the typhoid state. Pneumonia in its usual form is often ushered in by chill or rigor, greatly protracted, so that reaction is so long deferred that venous congestion ensues and greatly augments the danger. The most striking case of this character in my experience occurred during 1831, my first year of practice. The patient, residing on Race street, west of Eighth, was a healthy muscular man, of twenty years. He had a severe chill and extreme difficulty of breathing on the first day. The next day, when my first visit was made, he was panting for breath, and if the movements of a fan, in the hand of his mother, were suspended for a moment, he would hurriedly and with effort call out—"I'll suffocate." His face was pale and dusky, the tips of the ears and nose were cold, the feet and hands cold, the nails of the toes and fingers darkly discolored, the pulse small, weak and frequent. These were the days when every physician had his lancet in his pocket; when much good and also much evil were done by the judicious, or injudicious abstraction of blood, just as now happens from the prudent or imprudent use of drugs of great power. Influenced by the views of Dr. John Armstrong, a vein was opened; the blood, quite dark at first, ran very slowly; it soon grew brighter and ran more freely until about ten ounces were withdrawn. Stimulants internally and externally were directed, and the patient was visited early next morning in conjunction with Dr. Thomas T. Hewson, my former preceptor. We were told that the patient had felt some relief for several hours after the venesection, but his actual situation differed in no marked degree from that of the previous day. Dr. Hewson was greatly surprised at his condition, for the coldness and discoloration of the finger and toe nails were nearly as great as on the previous day. On learning that up to the day of attack the patient had been robust, Dr. Hewson directed me to reopen the vein and take ten or twelve ounces of blood, and continue the stimulation with all diligence, as without prompt reaction he could not long survive, the case being (in his opinion) the most urgent he had ever witnessed. The arm had scarcely been bound up after the bleeding, when the patient said he felt better and could breathe more freely; the pulse also became fuller and slower. The doctor, on departing, seemed much encouraged by the change in the pulse, and thought he might yet recover; and so he did, gradually but very slowly, from the time of the second bleeding.

Many years ago, when bilious remittent fever was epidemic, four patients in the same house were at one time under my care. Of these, a girl thirteen years old, about the tenth day of the fever, which was mild, became nearly comatose, and thus remaining during four days, a consultation was requested by the parents. The physician called in, fearing a typhoid tendency, proposed, merely (for he lived too far away and was too much engaged with similar cases to repeat the visit), to stimulate gently, if in accord with my views. The proposition did not meet my views; in fact, bleeding, for two or three days before had been contemplated with hesitation, yet, was carried into effect on the day after the consultation, with permanent relief of the oppressed brain and recovery. Bilious remittent fever at this period would sometimes suddenly terminate in death in from four to

eight days, and every case of this sort, whose history came to my knowledge, showed, in the absence of inflammation or much arterial excitement, evident signs of passive congestion. The same unfortunate complication is, at the present time, not rare in sections of the country subject to epidemics of typhoid fever, and when it occurs, as it may insidiously and late in the progress of the disease, its management will tax to the uttermost the finest diagnostic and therapeutic skill. When measles are epidemic, cases will sometimes appear simulating those which were long since so fatal in Spain and other portions of Europe, called by some writers asthenic or typhoid measles. The case of a child comes to mind, where the eruption scarcely appeared, and turning dark the next day, death ensued on the day following. My impression then was, and so remains, that the error of treatment was my neglect of blood letting. It would be useless, however, to continue the citation of cases, for in nearly every disease, passive congestion may arise either at the invasion or at any period of its progress, and as before said, when occurring insidiously and late in the career of the disease, involves much perplexity and doubt as to the proper course to pursue. Time and again do patients pass away, especially in fever, without having shown any dangerous symptoms until perhaps two or three days before the fatal issue, when sudden collapse occurs. In these cases, the patient is often said to have died worn out and exhausted from debility, a term under whose shade any one of us may occasionally find a convenient refuge for his ignorance; for the physician, like other men, is not omniscient. Mere debility will seldom explain the suddenness of the deaths alluded to; for whilst the most rugged men and women may succumb in a few days, or even hours, when disease of great force suddenly assails and fixes upon a vital organ, nothing is more surprising than the tenacity of the vital principle when no severe local inflammation, violent fever, or venous congestion exists.

The opposition to, and the prejudice against blood letting in any case is of long standing; nor was it until a recent period that a comparatively small number of practitioners have begun to question the propriety of the views still held upon this subject. A change in the type of disease—denied by some, yet admitted by many others—from a higher to a lower sthenic condition, was perhaps the first important cause of opposition to bleeding. The influence of homœopathy and Thompsonism was thrown into the same scale, under the specious outcry "that the blood was the life, and that he who takes a pint of blood robs the system of that amount of its vitality." These and other kindred influences exercised more or less control over the minds of many, until, at length, from one extreme the profession has, as generally happens, gone almost unconsciously to the other, while the middle path, which all experience proves to be, as a rule, the safer one, has been lost from sight. Blood-letting in disease has also been denounced as unnatural. Such an objection, however, might as well be urged against every drug employed, and exclude all powerful external applications in the treatment of disease. Those who entertain these notions seem to be oblivious of the fact that disease itself is an unnatural condition of the system, to such a degree, in fact, that food, the natural support of the healthy man, is generally to him who is sick the occasion of disgust and loathing. They forget that "They that be whole need not a physician, but they that are sick. But bleeding is not, in fact, so unnatural as some imagine, for nature herself often compels a discharge of blood, not only in cases of plethora, but also in fevers and other maladies of long duration, when the vital power is much impaired, and yet, when not profuse, may and often does prove critical and salutary.

That the blood should be called the life, the vital current, or be designated by any other title of similar import, is eminently proper and correct; but it is to be remembered that this is only in relation to the body and the blood in a healthy state, as, for instance, it is manifested in the bloom of the cheek, the sparkle of the eye, the quick, elastic step, and in the blithesome, joyous laugh of the maiden; or as it is seen in the stalwart, muscular form of the farmer, the mechanic, or the laborer, who goes to his daily employment, hard as it is, singing or whistling in the exuberance of spirit that so often accompanies robust health. The absolute necessity of a continuous supply of blood to every part of the organism is seen in the fact that syncope of but a few minutes' duration, or spasm of the heart, by arresting the circulation, will at once prove fatal. The continuance of health requires that the component parts of the blood should be in due proportion; that there be no deficiency of the red globules; and

that it be regularly distributed to every part of the body. The functions of the brain and spinal marrow, of the ganglia, and of the different classes of nerves and their correlation, can only be maintained under the conditions alluded to, and should there be failure here, abnormal movements must ensue; for the whole series of vital actions—the circulation, respiration, digestion, absorption and nutrition—depend for their support upon these conditions.

In passive congestion we have, then, just the opposite of that which is necessary for health. The blood—in the arterial system, where the more active processes of life are mainly effected—is greatly diminished in quantity, while the venous system is gorged with blood of dark color, from want of oxygen, and from excess of carbon, and is comparatively stagnant. Now, physiology teaches that this is the worst possible condition for that system in which life would seem to have its origin and being—the brain, the spinal marrow, and the various nerves connected with these centres; for it appears to be admitted that the closest reactionary relationship or affinity exists between the red globules of the blood and the brain, so that without the stimulus of the former, the latter suffers venous congestion, and, as a consequence, all the vital functions are weakened, deranged, or in a measure paralyzed. In this conjuncture, the indication—drawn not from theory alone, but from actual experience—is to relieve the oppressed brain and spinal marrow by the withdrawal of a portion of that blood which, so far from contributing to the support of life, is, every hour, in virtue of its pernicious quality, still further depressing vital movement. The fear and apprehension of injury, and dread of blame, in view of the existing opposition to venesection in the public mind, and the indifference of the profession, are quite natural; and, moreover, the very aspect of a profoundly congestive disease, independent of theoretical views and popular prejudice, has a controlling influence. The paleness of the skin, and in extreme cases, the cyanotic discoloration, the small, weak pulse, and the general apparent depression of the whole system, are sufficient to dissuade from the abstraction of blood, unless the judgment be fully convinced of the real source of this condition, and that in venesection is the most prompt means of relief from the impending danger. In another point of view the fear of injury is groundless; for the blood, in these cases, nearly devoid of its life principle, oxygen, has so impaired vital action that the flow, upon opening a vein, is at first so languid that, with the finger upon the pulse as a guide, it can at once be arrested, if the arterial circulation do not improve. This was the caution observed both in the first and the second bleeding in the case of pneumonia cited, and also in the case of the young girl who lay in a comatose state until blood was drawn; and it is in just such cases as the latter where the greatest difficulty will occur; for, unlike the former patient, where both venesections were within the first two days, the latter was not bled until the fourteenth day, hesitating in regard to its propriety for several days.

When venesection is decided on, and a decision should only be arrived at after mature and conscientious deliberation of every point involved, it is best to bleed at an early period, and, if possible, make one bleeding suffice (as should have been done in the case of pneumonia referred to) and thereby relieve more promptly and obviate the necessity of further venesection. In the existing state of feeling, both in and out of the profession, there may perhaps be room to regard what has been said as evidence of a boldness in practice not in consonance with my declared preference for conservatism in the treatment of disease. But this would be to misinterpret as well my views and practice in this connection; for disease, like storms upon the ocean, assumes only occasionally the violent form of the hurricane and tempest, and in either case prompt and energetic action, of the right kind, must be brought into requisition if it is hoped to avert the impending catastrophe.

The views thus presented will perhaps be regarded quite differently by practitioners of medicine. For while those who, like the speaker, have in their earlier years been familiar with the practice of blood-letting and its beneficial effects when judiciously employed, may concur in part or fully with what has been said, this is more than can be expected from the younger members of the profession. There are few of us who can, at all times and under all circumstances, resist the current of popular opinion and prejudice upon any subject, and when the question involves the mode of treatment of a dangerous malady, it will require more strength of character and purpose than most men possess, to disregard, entirely, prevalent views and sentiment, whilst, in support of

them, not a few of the regular profession and the entire corps of irregular practitioners give their sanction.

Again, the younger physicians have studied histology, physiology, and pathology of a more rigid and exacting character than that of former years. Now it so happened that the opposition to venesection, and the modern physiological school, had birth about the same period; and as the more consistent exponents and teachers of the advanced school of physiology and pathology are, in the management of disease, opposed to the active medication and depletion of former times, the pupils will, in great measure, incline to follow their example, and in this mode of practice, as a rule, we regard them as worthy of commendation. It must, nevertheless, be confessed that, as was to be expected in the difficult task the modern physiologist has assumed, never was opinion more discordant, nor theory more active in the support of, or in opposition to, views essentially antagonistic, than at the present time. Yet let us not despair, for this line of research is still in its infancy; and if, in the purpose of the divine mind, it be permitted man fully to reveal the mysteries of organization, of life, and of death, then indeed will the future physician rejoice in that flood of light which we have sought but never found. In the meantime, let no discouragements obstruct our daily path in discharge of incumbent duty; for it is not amid the incertitudes of disputed facts in physiology, nor in the maze of opinion in regard to the origin and intimate nature of pathological conditions, that the practitioner finds his chief support at the bedside of his patient, but in the assiduous and faithful study of disease, as it presents itself in an appreciable form, and in the light furnished by the experience, the close observation, and philosophical spirit of a Trousseau and a Niemeyer, a Murchison and a Stokes, a Jackson, a Flint, and many others of similar powers of observation and logical deduction.

LISTER'S ANTISEPTIC METHOD IN OVARIOTOMY—A CASE.

REPORTED BY C. C. SCHUYLER, M. D.,

Assistant Surgeon to Troy Hospital.

Miss. K., aged twenty-three; first came under observation in July, 1876. In appearance she was small-sized, of a sallow complexion, and apparently well nourished. Had always been healthy, and menstruates regularly. Family history fair; father died of typhoid fever; brother of consumption. She first noticed an increase in the size of her abdomen a year previous. It had steadily increased, she at this time presenting the appearance of a woman at full term. Upon examination the uterus was found to be of normal size and freely movable. Fluctuation could be distinctly felt over whole of abdomen; no alteration of sounds or form upon change of position. Diagnosis, an ovarian tumor, probably unilocular.

As she was suffering no essential inconvenience from the disease, she was advised to go into the country and await developments. She was again seen in December, 1876. There was but little increase in size of abdomen; she was greatly reduced in flesh, however, and there was well marked *facies cadavarica;* complained of loss of appetite, indigestion, and general malaise. An operation was advised, and it was suggested that she enter the hospital for that purpose.

She presented herself January 3d. On the 5th, Dr. McLean, surgeon to the hospital, assisted by myself and the medical staff, operated, Lister's antiseptic method being carried out in every particular. For spraying apparatus, two of Tiemann & Co.'s steam atomizers were used, they answering the purpose admirably.

Operation.—Ether was administered, the patient yielding to its influence in five minutes. An incision five inches long was made in the linea alba; the peritoneum was divided and the surface of the tumor exposed. Finding no adhesions, the contents of the sac were drawn off. The tumor, which was found to be unilocular, was then carefully lifted from the cavity, revealing a broad pedicle, of good length, which grew from the right ligamentum latum. There were no adhesions. The pedicle was tied in two segments, with carbolized gut, and brought out at the lower angle of the incision, and supported by a large acupressure needle. The incision having been closed, the parts were dressed antiseptically, and supported by a binder. No blood was lost during the operation, nor was a ligature used. The exposed portion of the pedicle was mummified with tinct. ferri. perchloride, after closing the incision. The operation lasted twenty-five minutes. The cyst and contents weighed twenty-seven pounds.

At the completion of the operation her pulse

was 120; temp. 99⅘. She rallied well. The following table shows the remarkable range of pulse and temperature during convalesence.

	PULSE.		TEMPERATURE.	
	Morn.	*Even.*	*Morn.*	*Even.*
Jan. 6	110	120	101⅗	102⅖
" 7	120	122	101½	101½
" 8	115	108	101⅘	101⅕
" 9	102	98	100½	100
" 10	94	100	100	100⅘
" 11	99	101	101⅖	101⅗
" 12	100	110	101	101⅕
" 13	108	111	100⅘	101
" 14	103	109	101⅕	101
" 15	118	..	101⅕	..
" 16	100	..	101	..
" 17	101	..	101⅖	..
" 18	102	..	100	..
" 19	103	..	100⅘	..
" 20	112	..	101⅗	..
" 21	100	..	101⅘	..
" 22	100	..	100⅕	..
" 23	102	..	101⅖	..

This condition of things continued until the twenty-fifth day, January 30th, when the pulse and temperature began to fall, and in a few days resumed a normal standard, when she was discharged cured.

On the morning of the fourth day she complained of griping pains in the bowels, which was relieved by an enemata of warm aqua month. pip., it bringing away a profuse discharge of flatus. The pedicle separated on the eighth day. Small abscesses formed in the track of the sutures after their removal, and discharged themselves externally. My object in reporting this case is to show that good recoveries cannot always be expected to follow an antiseptic ovariotomy, even in a most favorable case; the present case, as an instance, certainly being far below the average.

Medical Societies.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Disinfectants.

BY R. W. MANSFIELD, M. D.

The object of disinfection is to prevent disease, which is the first and highest duty of the physician. To keep clean, it is sometimes said, is the only rule of hygiene, and that, if perfect cleanliness be maintained, disinfectants are unnecessary. This is a narrow view. We must accept the evils which belong to our modern civilization. A perfect sanitary state is hardly attainable in the present organization of society. If it were, there is no reason to believe that morbific matter would cease to exist, or cease to fix upon and corrupt our bodies.

The use of disinfectants began at a remote period. The empirical knowledge of the ancients, in not a few instances, has had a new birth in the scientific discoveries of the present era. The revival of the practice of disinfection and the stimulus which has recently been imparted to the investigation of the agents employed for this purpose, have awakened inquiry into the attainments of the ancients in this department of sanitary science. The result is that agents which modern investigations have found to be most effectual, were not unknown in the earliest period to which our knowledge extends. We learn that the most powerful catalytic, antiseptic and preservative, contributed by modern chemistry to the art of disinfection was employed by the Egyptians. I refer to the coal-tar compounds which, in several forms, were used by the embalmers. Sulphurous acid also appears to have been employed by the ancients to purify houses, etc. The Greeks and Romans understood the scientific application of drainage to the preservation of health, as is shown by the ruins of immense sewers.

To chemistry, a strictly modern science, we owe the numerous agents now employed for disinfection. A large number of substances have been introduced, of which some few only have maintained their popularity and justified the confident expectations of their authors.

I must next consider the substances upon which disinfectants are intended to act; these I will divide into two classes, viz.:—

1. Those developed in the process of putrefactive decomposition of animal and vegetable matter.

2. That peculiar organic matter to which we apply the terms *virus*, *materies morbi*, *morbific matter*, and *diseased germinal matter*.

With respect to the first class, it may be stated that there is no well-marked chemical distinction between the products of the putrefactive decomposition of animal and vegetable matter. It will be sufficiently accurate for my purpose, at least, to regard these products as identical. Organic substances, when removed from under the control of that force which we call vital, are exceedingly prone to change, which form of change we denominate putrefaction, putrefactive fermentation, etc. It is quite obvious that the most important substances upon which disinfectants are intended to act are those organized matters, or organized structures, which, introduced into the body, produce specific diseases. Our disinfectants, then, in order to be effectual, must be applied to destroy the noxious gases and the volatile products of putrefactive decomposition, but especially to attack and destroy the virus of disease. The destruction of foul odors avails but little, unless our disinfectants strike deeper, and destroy the

disease producing matter itself. It is, therefore, very important to know what is the seat of this disease producing matter. The morbific principles of small-pox and syphilis we know to be contained in pus; but the information we possess, with respect to the morbific matter of most of the other epidemic and contagious diseases is not so definite.

Disinfection, as applied in common usage, includes deodorization, as well as the power to antisept. These properties are different in character and mode of action, and are not necessarily possessed by the same agent. We should not fail to recognize the essential differences in the powers and modes of action of the various agents which have been proposed as disinfectants. If our knowledge of these agents and of the substances upon which they are intended to act were complete, we could classify them as *deodorants*, *antiseptics*, and *disinfectants*. The almost insuperable difficulty in the way of a correct classification is the different modes of action of the same agent. Thus charcoal, which physically restrains noxious gases, acts as a catalytic agent. Sulphurous acid deoxidizes and also arrests chemical changes, or in other words, acts as an antiseptic. For these reasons any classification must be more or less defective. The least objectionable is that of Herbert Barker, who divides disinfectants into three classes: 1. Agents that chemically destroy the noxious compound. 2. Agents that arrest chemical changes. 3. Agents that physically restrain the noxious compound.

In order to have a correct appreciation of the actions of these several kinds of disinfectants we must keep in view the two classes of matter to be disinfected. We have in the first class, it will be remembered, the volatile products of putrefactive fermentation, which may or may not contain the special virus; and in the second class we have the special virus, the *materies morbi*.

In the first place, we have agents or disinfectants that chemically destroy the noxious compound; to this class belong heat, ozone, bromine, iodine, nitrous acid, sulphurous acid, and the chlorides and sulphates of mineral bases. Heat is the most powerful and desirable. It acts by the chemical disorganization or oxidation of the noxious substances, and also, as an antiseptic by thorough desiccation, thus preventing chemical change and destroying the germs necessary to putrefactive fermentation. It likewise produces atmospheric currents and thus mechanically dissipates the morbific agents. Its utility as a disinfectant has been carefully investigated, and it has been proved that a temperature of 212° Fahr. destroys the materies morbi of small-pox; one of 200° Fahr. that of scarlatina, and that vaccine virus subjected to a temperature of 140° Fahr. is rendered totally inert.

Ozone plays a very important part in the economy of nature as a disinfectant. It exists normally in a pure atmosphere, and hence we must infer that it destroys noxious matters by oxidation. There is no evidence that it attacks the special virus of disease, but its force seems to be expended in destroying noxious odors, and it must, therefore, be regarded as a deodorant, rather than as a true disinfectant. Chlorine, bromine and iodine all agree as to the manner in which they produce their effects, but differ in the quality and extent of their action. Nitrous acid must be classed as an antiseptic as well as a deodorant, it being very destructive of living organisms.

The most important substances employed as disinfectants are those of the second class, viz.; antiseptics.

The antiseptics prevent action of all kinds. While the oxidizing disinfectants expend their energies in destroying odorous gases arising from decomposing matter, the antiseptics put the matter in a condition in which no change can take place, and consequently, no noxious gases can be given off. They destroy the germs upon whose presence and development the process of putrefaction appears to depend; hence it follows that true disinfectants, if there be any, must be found in the class of antiseptics. Two important agents of this class have already been alluded to, nitrous and sulphurous acids. The coal-tar acids, carbolic and cresylic, are very effectual agents of this class. The preservative properties of these acids have long been known. The pitch which the Egyptians used in embalming contained them. The vapor of burning tar, which is so firmly fixed in the popular esteem as a disinfectant, owes whatever efficacy it has to the presence of carbolic and cresylic acids. Wood smoke derives its power as a preservative of meat from the same source.

Agents of the third class are those which physically restrain the noxious gases. The substances chiefly employed are fresh earth, ashes, lime, and charcoal. A mixture of lime and charcoal, under the name of "calx powder," has been extravagantly praised by Dr. Squibb.

Application of Disinfectants.—The selection of a disinfectant is governed by the particular circumstances of each case. No single disinfectant is capable of fulfilling every indication. We can, therefore, consider this branch of the subject under two heads:—1. Disinfection of air. 2. Disinfection of solids and liquids.

Disinfection of Air.—The forces of nature, when not interfered with by man, are adequate to the work of maintaining our atmosphere in a healthy state. The carbonic acid continually added to the atmosphere by combustion, and by respiration of men and animals, is removed by the respiration of plants. Vast quantities of gaseous and volatile impurities, from the habitations of men, and from decomposing animal and vegetable matter, and minute solid particles, enter the air; the gases combine by diffusion with the whole body of the air; some of the impurities are destroyed by oxidation, and others, dissolved in the rain, are carried back to the earth. Becoming stagnant, the air

soon lapses into a septic condition, especially if favored by moisture and a high temperature. In the septic state, those minute organisms, always present to a limited extent, vastly increase in numbers; organic matters accumulate because the oxidizing agent has been consumed; carbonic acid increases, and oxygen diminishes, and the air quickly becomes unable to support the existence of breathing animals. No disinfectant can, it is obvious, take the place of ventilation. The air in which men live must be brought into immediate communication with the great storehouse of the atmosphere.

Ozone is the agent which appears to perform the work of disinfection in our atmosphere It may be used with safety and without inconvenience in the sick-room, a merit which is not possessed by many of the most effectual agents. There is the further advantage that the fresh air which enters the sick-room from without may be charged with ozone so that disinfection and ventilation may be accomplished at the same time. On the other hand it must not be forgotten that it has the power to excite a catarrhal inflammation of the respiratory passages, if contained in the air in too great quantity. This effect appears to be the result of individual peculiarities, and does not occur at all frequently. Ozone is especially indicated in all zymotic diseases in which the respiratory organs are not involved. It is considered to be a deodorant rather than a true disinfectant; yet, if furnished in sufficient quantity, it is supposed to attack septic matter and morbific germs floating in the air. In order to produce ozone artificially, take equal parts of peroxide of manganese, permanganate of potassium and oxalic acid. Two spoonfuls of this powder placed on a dish and moistened with water will be sufficient to disinfect a room of medium size, and will produce no cough. Chlorine has been much employed as a disinfectant. It has been highly recommended for the destruction of foul effluvia, contagious virus and deleterious miasms. It has often disappointed the expectations; it is certainly a most efficient deodorant, but is believed not to attack the materies morbi until the gases of putrefaction have been destroyed. It cannot be used to any great extent in the sick-room, on account of the irritation it excites in the air-passages. In the form of the so-called chloride of lime it is the most popular of the disinfectants. It is largely used for gutters, alleys, cellars, and other unclean places.

Bromine ranks next to chlorine. During our late civil war it was used in the hospital wards containing hospital gangrene, but was not found to possess any advantages over chlorine A solution of bromine in water, made by the aid of bromide of potassium, is a convenient form of using it.

Iodine. Richardson says that it has some influence over the materies morbi of small-pox; and Dr. Williams, in the *Lancet*, believes that it will not tolerate the presence of putrid animal matter or septic poison. Nitrous acid has entirely superseded nitric acid, and, as remarked by Parkes, has a very great effect on organic matter. The gas is readily generated by placing some strips of copper-foil in nitric acid. It must be used with great caution, on account of the irritation of the air passages which it produces.

Disinfection of the excreta of patients suffering with typhus, typhoid, the eruptive fevers, dysentery, cholera, etc., is a subject of importance. For this purpose we have a number of agents from which to select, viz.: permanganate of potassium, chloride of lime, zinc, copper and iron preparations, and carbolic acid. For the disinfection of clothing, heat to the destruction of the material is undoubtedly the best method, but unfortunately such procedure is not at all times applicable. It will be remembered that a temperature of 212° proves equal to the destruction of morbific germs without impairing the quality of the fabric.

In large cities much may be accomplished by a well organized board of health, in destroying materies morbi and checking the progress of epidemics by the wise use of disinfectants. My opinion is that chloride of lime strewn in alleys and gutters, and moist places, accomplishes but little by way of destroying specific disease-producing matter. I rather prefer Squibbs' calx powder, previously spoken of. All garbage barrels, and boxes, and garbage carts should be disinfected with carbolic acid or sulphate of lime. The contents of gutters should not be swept into the middle of the streets, but the gutters should be thoroughly flushed with water, and the openings to sewers should be charged with sulphate of iron and other disinfectants.

CONCLUSIONS.

For the sick room free ventilation, when it can be secured, together with an even temperature, is all that can be required.

For rapid deodorization and disinfection, chlorine is the most effective agent.

For steady and continuous effect, ozone is the best. In the absence of ozone, iodine exposed in the solid form to the air is best.

For the deodorization and disinfection of fluid and semi fluid substances undergoing decomposition, iodine is the best.

For the disinfection of solid bodies that cannot be destroyed, a mixture of chloride of zinc or sulphate of zinc with sawdust is best. A mixture of carbolic acid and sawdust ranks next.

For clothing, exposure to a temperature of 212° Fahr., is the only true method.

For substances that may be destroyed, heat to destruction should always be used.

—A temple at Canton contains a series of beds in which married couples who are childless, under the supervision of the priests of the divinities, hope to attain fecundity by joining to their prayers every other means which may facilitate the miraculous result desired.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Tuning-Fork in Diagnosis.

Dr. H. McNaughton Jones says, in the *Medical Press and Circular*, March 14th—

Nothing in the examination of the ear requires the exercise of so much patience as the trial with the tuning-fork. Each experiment should be repeated a few times, and the patient kept in ignorance of the result expected. Deaf patients, especially the poorer ones, are often intensely stupid. To arrive at a truthful conclusion, we must try their accuracy several times. It is a good plan to return to a previous step in the examination, and to repeat the question as to the intensity of the sound. Constantly, patients will at the same examination contradict assertions which a minute before they have made with the greatest confidence. I find it often, at the hospital, a trial, not alone of the tuning-fork, but still more of my patience, to elicit the truth which they quite unintentionally obscure. I generally adopt the following method of testing whether the deafness be unilateral or bilateral:—

1. Ascertain if the sound is heard louder in either ear, the meatus of each remaining open.

2. If the sound is heard louder in either ear, or the contrary, the meatus of each having been closed alternately with the finger.

3. If the sound, as heard with the meatus of each ear closed, is louder as contrasted with its intensity when both ears are open. This I do by making the patient, with his thumbs in readiness, quickly close the ears on placing the tuning-fork on his head, and by testing him alternately with both the ears open and closed.

We have, by the speculum, excluded any cause which can exist in the external meatus, such as cerumen, polypus, epidermis, or foreign body. We wish to arrive at a conclusion as to whether the deafness and tinnitus are due to tympanic obstruction or to disease of the nerve. First, a patient hears badly in the right ear, and well in the left. With the tuning-fork on the head in the first step of the examination, he hears it loudest in the right ear. The presumption is—mucus in the cavity of the tympanum of that ear. On closing the left ear the sound is intensified in it, equaling, if not exceeding, that heard in the right one. On closing the right one the sound is not increased, as a rule. The diagnosis is complete in the vast majority of cases; it is one of obstruction in the cavity of the tympanum.

Secondly, a patient is deaf in both ears, with or without tinnitus. The tuning-fork placed on the head is heard loudly and equally in both, and there is no difference, or very slight, on closure of either meatus. We diagnose mucus in the tympanum of each ear.

Thirdly, a patient is deaf in the right ear, with or without tinnitus. The tuning-fork placed on his head is heard louder in the left ear. We assume nervine deafness of the right ear. On closing the left ear, the sound is intensified in it; on closing the right, there is no difference; in my experience in the majority of cases it is, of the two, less. We confirm the diagnosis of nervine deafness in the right ear.

The valvular action of the tube has the most important bearing on our knowledge of Eustachian deafness Closure or occlusion of the tube leads to rarefaction of the air in the tympanum, which, while it may filter out, is not restored or renewed Then follows an accumulation of mucus in the tympanum, and an increased concavity of the membrane, and finally hardening of the secretion, contraction of the membrana tympani, and thickening and adhesion of the membrane lining the cavity, with accompanying changes in the ossicles.

On Milk Diet.

Dr. Tarnier, of Paris, recommends milk diet in obesity and albuminuria. In the latter disease he orders for the first day, one quart of milk with two portions of food; for the second day, two quarts of milk, and one portion of food; for the third day, three quarts of milk and one portion of food; for the fourth day and afterward, four quarts of milk and no food at all. In the treatment of obesity, it is not necessary to adhere so rigorously to the milk diet; a small quantity of ordinary food may be allowed. The patient may take the milk in such quantities and at such times as she likes, provided she takes the prescribed quantity *per diem* The duration of the treatment will vary in different cases. If diarrhœa set in, it is a sign that the treatment is not well borne. When the desired effect begins to show itself, it continues even after the treatment is suspended.

In the *Lancet*, Dr. George Johnson commends it most highly in chronic diarrhœa, dysentery, and acute Bright's disease. The chief stress is, however, laid upon the value of the method in acute and chronic cystitis; and one case of rapid and complete cure in a very severe case of two years' duration is reported.

The milk may be taken cold or tepid, and not more than a pint at a time, lest a large mass of curd, difficult of digestion, form and collect in the stomach. Some adults will take as much as a gallon in the twenty four hours. With some persons the milk is found to agree better after it is boiled, and then taken either

cold or tepid. If the milk be rich in cream, and if the cream disagree, causing heartburn, headache, diarrhœa, or other symptoms of dyspepsia, the cream may be partially removed by skimming. One reason, among others, for giving the milk, as a rule, unskimmed, is that constipation, which is one of the most frequent and troublesome results of an exclusively milk diet, is, to some extent, obviated by the cream. As a rule, it is unnecessary to add bread or any other form of farinaceous food to the milk, which in itself contains all the elements required for nutrition. When the vesical irritation and catarrh have passed away, and the urine has regained its natural character, solid food may be combined with the milk, and thus a gradual return may be made to the ordinary diet, while the effect upon the urine and the bladder is carefully watched. There are some patients with whom, unfortunately, milk in any form, and even in small quantities, decidedly disagrees. Dr. Johnson suggests the employment of milk diet as a preparation for the operation of lithotomy, and states that he has seen two cases in which the vesical irritation and catarrh resulting from a stone in the bladder were much mitigated by the milk diet; the patients being thereby brought into a more favorable condition to undergo successfully, the one the operation of lithotomy, the other that of lithotrity.

The Medical Use of Baths.

Prof. Hebra says on this subject, in a lecture translated in the London *Medical Record*—

The rule for the duration of a cold bath must depend on the feelings of the individual, and on the actual effect produced upon his skin. Theories grounded on the actual physical withdrawal of heat from the body by cold air or cold water are refuted, not only by the experience of travelers, but also by careful observations at the bedside. I will only say, in passing, that the mortality in enteric fever, and in scarlatina, is not lower when the patients are bathed in cold water, or wrapped in wet sheets, than when the treatment is purely expectant.

The proper time to stay in a warm bath has also been recently discussed. There are physicians who will not allow more than ten minutes, and stand anxiously over the patient, watch in hand, lest the period should be exceeded. How far this may be in the interest of the patient, or what is the use of these short baths, I do not know. But the facts that a patient often feels comfortable while in the bath, and soon afterward, but in a few hours begins to suffer from tension of the skin, itching, and smarting, and that at many watering places, as at Leuk, the patients are prescribed several hours in the warm bath, have led me to make experiments, in order to answer the question how long a man may stay in a warm bath without injury to health.

I began with two hours; increased these to twenty-four; then advanced to days; and at last extended the duration of the warm bath to from one to nine *months*. I found that people can eat, drink, and sleep just as well in a continuous warm bath as out of it; that nutrition, respiration, and excretion go on as before; that they are not troubled with skin diseases which are painful and obstinate out of water; and that affections are thus cured which have resisted the most persevering and varied treatment. These experiments, which I have carried on since the year 1862, have also proved that baths may be employed continuously in cases in which they were supposed to be most dangerous—during menstruation, in the case of epileptics, and in spite of an access of pleuropneumonia.

The Diagnosis of Adherent Pericardium.

Dr. Libson, in the last volume of Reynolds' *System of Medicine*, gives some suggestions on the diagnosis of adherent pericardium. In this condition he observes the cardiac impulse to be extended in all directions. The walls of the chest in the præcordial region may be either thrust forward during systole, and dragged backward during diastole, or *vice versâ* Both sternum and cartilages may be drawn inward with systole, and spring outward with diastole. But an observation of the effect of deep inspiration upon the area of cardiac impulse is the most important means of diagnosticating adherent pericardium. "When the heart is not adherent, a deep inspiration, by drawing down the heart, and covering it with the expanded lungs, causes a complete transfer of the impulse from the fourth and fifth spaces to the epigastrium and the sixth and seventh cartilages; but when the heart is adherent, the outspread dragging impulse almost retains its position during a deep inspiration, neither materially lessening its area over its upper border, nor increasing it below."

Employment of the Hand in Rectifying Vicious Presentations of the Head During Labor.

In the *Annales de la Société de Médecine de Gand*, Dr. J. Paris draws attention to three positions of the fetal head at the brim which he is in the habit of changing when they are diagnosed:—1. Head flexed in all positions; 2. Occipito-posterior presentation; 3. Mento-posterior presentation. He introduces the whole hand, under chloroform, into the vagina, the back of the hand lying in the hollow of the sacrum; the other hand is on the fundus uteri. He seizes the head and raises it; in the first and third cases he only flexes the head more or less. In the second case, the occipito-posterior, the manœuvre is more difficult; the head is seized and raised with the right hand, and an attempt is made to turn the occiput round to the front, whilst the left hand acts on the shoulder, which is in front, and endeavors to push it backward. Dr. Paris relates a case of mento-posterior presentation, where efforts had been made for an hour to procure rotation, with-

out success. He introduced his hand, raised and flexed the fetal head, and extracted a living child, in a few minutes, with the forceps.

Hint on Removing Foreign Bodies from the Eye.

Prof Dugas, of the Atlanta Medical College, says, in the New Orleans *Medical and Surgical Journal*, March, 1877—

It is extremely difficult for the surgeon, as well as painful to the patient, to dislodge the foreign body while the eye is instinctively avoiding every approach of the instrument. In order to surmount this difficulty, I have for many years been in the habit of placing the end of my index finger upon the eye just within the canthus, and retaining it there until I have removed the object. The contact of the finger produces a sensation which, while not decidedly painful, is yet sufficiently decided to engross the attention of the patient, and to prevent his moving the eye at the approach of the instrument or on its contact with the ocular surface.

By this plan the foreign bodies may be removed from the surface of the eye as readily as from any other part, and without the risk of scratching or otherwise injuring the organ by repeated and unsuccessful attempts to take it by surprise, if I may use the expression, by sudden thrusts of the instrument used for the purpose. I am in the habit of using Scarpa's cataract needle, and find it better adapted to the purpose than any other instrument, whether the mote be imbedded or in simple contact.

Reviews and Book Notices

BOOK NOTICES.

Johnson's New Universal Cyclopædia. Vol. ii.

The general scope and plan of this Cyclopædia we sketched in our notice of the first volume (see Reporter, current volume, p. 183). In the second volume are a number of articles on medical science in its various branches. To these we shall now give especial attention.

The first to attract notice is that on "Fermentation." The author is Dr. C. F. Chandler. He gives a succinct account of the various forms of fermentation, with illustrations of bacteria and the yeast plant, concluding with a very full bibliography.

The article on "Germ-theory of Disease" is by the editor-in-chief, President F. A. P. Barnard; and as he is not an M. D., it would have been much better written if he had handed it over to one of his many able assistants who own that title. As it is, it is much below the average medical articles of the work.

The subjects, "Heart" and "Heart Diseases," are treated with great clearness and extraordinary condensation, by Dr. Alonzo Clark, who shows himself a complete master of the subject.

On the subject of "Histology," Dr. J. J. Woodward treats us to twenty pages of admirable material, well illustrated, and most lucidly set forth. The bibliography is especially rich.

Dr. Charles P. Russell, of New York, contributes the article on "Hydrophobia." It is a careful summary of what we know about the disease.

The medical and medico-legal relations of insanity are discussed with marked ability by Dr. William H. Hammond, while its strictly legal aspects are explained by Mr. George Chase.

Medical jurisprudence is handled concisely by Dr. John Ordronaux, whose rank as an authority will not be questioned.

Beside these which we have specified, there are a large number of other medical topics in the volume, as well as many very admirable essays on chemical and physical subjects germain to medical studies. A further examination convinces us that there is no equal, among cyclopædias, to this one, in point of freshness and completeness of scientific contributions.

Principles of Theoretical Chemistry, with Special reference to the Constitution of Chemical Compounds. By Ira Remsen, M.D., PH.D., Professor of Chemistry in the John Hopkins University. Philadelphia, H. C. Lea. Cloth, 8vo, pp 231.

Theoretical Chemistry is generally a terrible bugbear to students of medicine, and precious little, as a rule, they manage to get along with. When it comes to discussing quantivalence, and substitution, dyads and hexads, quinones and diazo bodies, and those compound names which transcend in length and consonantal array anything in High Dutch or Sanscrit, the average student gives up in sheer despair.

Dr. Remsen has, therefore, done a good work in preparing a handy little volume, which, with no needless verbiage nor obscurity, sets forth the received chemical theories, and explains the notation and formulæ now most in use. That was his object, and he has accomplished it very creditably. In its branch, his is the best manual we have seen. The subject is an extremely difficult one to render clear, partly because there is a diversity of opinion as to the ultimate chemical constitution of matter, partly because every theory of it must be abstract and symbolic; but the author has overcome these difficulties quite as completely as any one we have read.

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CAUTIONS REGARDING INTERMENT AFTER DEATH FROM INFECTIOUS DISEASES.

That the dead should kill the living seems a paradox; yet nothing is more true. Indeed, we venture to say that every year, in our land, corpses murder more people than assassins do. Not only have intra-mural interments poisoned whole blocks and quarters, not only has drinking water contaminated by graveyards yearly spread disease and death through country hamlets, but, before the process of decomposition commences, there is often a great and pressing danger from infectious disease. We quote a recent instance:—

"Dr. Goldie, the Medical Officer of Health for Leeds, England, in his report to the local authority, states that every one of thirty people who attended the wake of an Irish girl who recently died in that town from typhus fever, were attacked by the same disease, and no fewer than nine of the cases ended fatally."

So strongly have the needless dangers of exposure at funerals impressed the medical mind, that the Health Board of New York have now issued a circular recommending that no public or church funerals should be given to persons dying of either diphtheria, scarlet fever, measles, or whooping cough.

In Chicago, also, where scarlet fever and diphtheria have been severe this past winter, the recommendation of one hundred medical men in council was in these words:—

"There should be no public funerals of any patient who has died of any infectious or contagious disease. Remember that the separation of the sick person from the well is the most certain means of preventing the spread of the disease."

A writer in the Baltimore *Physician and Surgeon*, last December, went so far as to advocate the passage of a law on the subject (the average American man looking upon a "law" as the cure-all on every occasion). He thought it should embody the following provisions:—

1. Whenever any one dies of contagious disease the publication announcing the death should state the cause of death.

2. No person except the immediate family should be permitted to attend the funeral, and the handling and burying the body should be entrusted to persons who devote themselves to that business.

3. A sufficient number of carriages should be kept for the special purpose of attending these funerals, and the hiring them for other purposes should be prohibited, under the severest penalties.

These are good suggestions, but people should learn and obey them out of a natural sense of sanitary propriety, not out of obligation to a statute.

Notes and Comments.

On Vegetarianism.

A discussion on this subject took place at a recent meeting of the Medical Society of London. True vegetarians, it was urged, ate neither butter, eggs, nor milk.

Sir Joseph Fayrer related his experience of the effects of this diet among the natives of India, and said he had no doubt that people

could live on vegetables alone. He had seen some of the finest specimens of the human race, as regards strength, power of endurance and physical development, among the inhabitants of the Northwest provinces of India, who were pure vegetarians; but he accounted for their condition from the fact that their food consisted chiefly of leguminous seeds, such as peas, beans, and the like, which contained a larger amount of nitrogen than other vegetables.

The President, Dr. Buchanan, remarked that in the discussion several factors should enter—as age, which was a considerable element, as no doubt people advanced in years appear to thrive on a vegetable diet, whereas children require almost a pure animal diet. Again, climate was a great factor; and in the treatment of disease it could be strongly advocated; while, lastly and chiefly, temperance must be enforced, avoiding excess in the use of animal food, and taking, in fact, a middle course.

Transfusion with Animal Blood.

In the *Archives de Physiologie*, Dr. Albertoni, of Sienna, states that blood transfused into an animal from one of a *different* species will not serve to form living tissue; the corpuscles dissolve, and their coloring matter is eliminated by the urine, whilst their stroma, stopping up the capillaries, obliterates them, causing grave accidents, and even death. The danger of transfusion from one animal to another of a different species is due to the corpuscles, and not to the plasma, as is shown by the circumstance that the injection of serum is devoid of danger. He finds, further, that the injection of an acidulated solution of the ashes of a certain quantity of incinerated blood of one animal into the veins of an animal of different species is not productive of abnormal phenomena, whilst the injection of the blood itself is fatal.

Possible Dangers from Salicylic Acid.

It behooves the admirers of new remedies to be cautious in the use of this acid. M. Blandeau, of Paris, states that, according to dentists, this agent has injurious effects on the teeth. English observers have noticed its effect on the bones, and necrosis of the tibia has been assigned to its use. It evidently possesses considerable affinity for the calcareous salts of bone, as we see the urine loaded with lime salts in an ultra-physiological proportion, from the internal use of the acid. The salicylate of soda presents the same dangers.

If these facts are confirmed, and their verification should be easy, the therapeutical employment of salicylic preparations should be condemned.

Extension of "Colles' Law."

Readers will recollect that in an earlier number of the Reporter (January 20th, 1877), was given a synopsis of the doctrines of syphilographers regarding "Colles' Law." In a late number of the London *Medical Times and Gazette*, Dr. James McCraith, Surgeon to the British Hospital, Smyrna, not only endorses the law, but gives a case showing "*that an infected child* (*infected from a foreign source*), *though capable of communicating the disease to a strange nurse, is incapable of infecting its own mother.*" This case was published in the *Medical Times and Gazette*, March 19th, 1859, to show the contagiousness of the constitutional disease. The mother nursed her child, and continued to do so after the disease was diagnosed as syphilitic. The child, as there shown, contracted the disease from a nursery-girl. A healthy peasant woman was called in to nurse the child, which she did frequently during the day, the extreme heat of the weather having told on the mother's health, and compelled her to have recourse to the peasant woman's assistance. This peasant woman contracted the disease from the child, communicated it to her husband and three or four children; passed herself through all its stages—eruptions, ulcerated throat, etc.—and finished by having syphilitic disease of the bones, nodes, etc. One of the latter on the os frontis suppurated, and has left a most perfect example of what the old surgeons called "corona veneris." She got well after some years of treatment. The mother has never had the slightest symptom of the disease, and has had other children, all healthy, since then.

Milk-Beer.

The *Sanitarian* quotes from a French source a description of this new beverage. M. A. Chevallier speaks of the new product of *lacto-alcoholic* fermentation, which he calls *la Bière de Lait*, as one destined to occupy an important place in alimentary hygiene. The manufacture of this beer rests on the same principle as that

of other beer, except that milk is used instead of water, in its preparation.

This beer has a yellowish color, and a density a little greater than ordinary beer; the proportions are 950 gram. (or 30.7 ounces) to the litre (2.113 pints), for ordinary beer; while milk-beer weighs 980 gram. (31.4 ounces) to the litre.

The taste is pleasant and less bitter than the generality of malt liquors.

This milk-beer is considered an alimentary beverage, agreeable to the taste, uniting the aromatic and the bitter principles of the hop, and the nutritive, tonic and analeptic principles of the milk and the malt.

Pathology of Tubercle.

Dr. Granger, physician to the Paris Hospitals, has just published the results of his researches on the general "Pathology of Tubercle," ending in the statement that, contrary to Virchow's views, tubercle is a product which is quite susceptible of being organized, and presents two stages of evolution, and two distinct parts, a central one, proceeding from epithelium, which tends to speedy destruction, and a peripheric zone, which is capable of being organized and going through fibrous transformation. This view, if correct, may be attended with some practical and therapeutic consequences.

Casca Bark.

This is the "ordeal poison" of West Africa. Dr. T. L. Brunton says of it, in a recent lecture—"In casca we possess a drug which strengthens and slows the heart, contracts the arterioles, and increases the urine. Digitalis has hitherto been our great resort in mitral disease, but I think it probable that in casca we possess a drug more powerful still; at least its effect upon the arterioles appears to be greater than that of digitalis, and it is quite possible that it may succeed in those cases of advanced mitral disease where digitalis fails."

The Lesions from Alcohol.

An English contemporary justly remarks that immediate death from excessive drinking is a rare thing, and the number of such deaths is very little criterion as to the mortality caused by drink. Drunkenness kills not so much by sudden death, as by exciting comparatively slow processes of disease and degeneration, which appear in the mortality records under various names, but generally in no immediate association with the alcoholism which has largely caused them. Such processes are some forms of Bright's disease, of heart disease, of liver disease, of dropsy, of rheumatism, of vascular disease, of paralysis, etc. These degenerative processes are known, by medical men, to to be common in men who drink but are scarcely ever drunk.

The Registration of Disease.

Dr. J. L. Cabell, of the University of Virginia, writes to the *Sanitarian*—

I should be glad if you could arouse the members of local medical societies to a sense of the importance of an exact system of registration of disease within the limits of their respective districts, and, in connection therewith, to make a careful investigation of the causes of all preventable diseases. If this were done in only a few districts at a time, and the results were published, it would be an example and encouragement to others, and there might thus be gradually accumulated the materials for a sanitary survey of various portions of our country, which would be the beginning of a grand work, to be hereafter perfected under the auspices of a Sanitary Bureau of the National Government.

The Reporter has often urged the importance of this step.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

By an Invalid Physician.

No. XIII—CLIMATIC CALIFORNIA.

Ed. Med. and Surg. Reporter:—

I now take you to that part of the State which some writers have called Semi-tropical California; but which, from its peculiar suitability as a residence the year through for consumptives, it would be better to call Climatic California. If you leave San Francisco (Oakland) by rail, the course lies through the southern portion of the great California Valley, called, because drained by a river of the same name, the San Joaquin. For a similar reason the northern part of the valley is called Sacramento. This great valley is three hundred and fifty miles long by fifty wide, hemmed in by the coast ranges of mountains (forty miles wide) on the west, the Sierras (seventy miles wide)

on the east, and by the commingling of these separate ranges on the north and south, at latitudes of 35° and 40° respectively. This valley has a winter rainfall (November to April) of from eighteen to thirty-eight inches, and the heat of summer is excessive, often rising to 1108 Fahr. in the shade. This heat, however, has a peculiarity that I shall again refer to, of being endurable and non-enervating. The commingling of the coast and the Sierra Nevada ranges renders the crossing of the mountains necessary for the railroad to leave the valley. This is done at the Tehachapi Pass, which has an elevation of 3964 feet above sea-level.

I left San Francisco for Los Angeles January 29th, at four P. M., arriving at my destination next day at quarter past one P. M. The fare was twenty dollars (gold), sleeping berth two dollars and a half, and supper and breakfast collectively a dollar and a half. Distance 470 miles. One can go by steamer to Santa Monica and thence by rail, about twenty miles, to Los Angeles, in double the time and for half the money, meals, state-room, etc., included. When I got out at Mojave (elevation 2751 feet) for breakfast, I experienced a dry, crisp, exhilarating air, and my Ulster felt perfectly comfortable. Anywhere along this road, from Caliente (elevation 1290 feet) up to the top of the pass, and thence down to Newhall (elevation 1152 feet), where you take the stage for San Buenventura and Santa Barbara, is a capital climate for consumptives. High winds sometimes sweep across, and occasionally in winter there may be light frost. But a dry, frosty morning is to the lungs as ice to champagne, cooling, froth repressing, and invigorating; and a consumptive makes a great mistake who is afraid of either. From San Fernando to Los Angeles we drop from an elevation of over a thousand down to one of two hundred and fifty feet, and in doing it one runs from what in the east would be the barrenness of early spring to the verdure of early summer and part of the fullness of autumn. When I arrived at Los Angeles, midday, January 30th, the thermometer was 65°, the grass was green, flowers were in bloom, and the orange orchards hung heavily laden with their golden crop.

The business portion of the town of Los Angeles is disappointing to those who expect either cleanliness or beauty. A dirty, crowded Chinese quarter, an equally filthy and unattractive Mexican one, joined to a conglomerate of stores, hotels, dwellings, and livery stables, hardly present a *tout ensemble* worthy to be christened city of the angels. The town, however, is most beautifully situated, and its suburbs, particularly the western, show miles of homes and their surroundings, where taste has kept pace with outlay. Every country house has its attendant sentinels of tank and windmill, necessary adjuvants in the long dry season.

North of Los Angeles the Coast and Sierra Nevada ranges of mountains join, and run parallel with, and from fifty to seventy-five miles from, the sloping southeast coast. The wide, fertile plain sloping west and south from Los Angeles to the ocean, is thus unbroken by hill or mountain.

The diverging lines of rail to Santa Monico, San Pedro and Anaheim seem to run on a dead level. As the plain runs east toward San Bernardino, it gradually ascends, Colton, the station for San Bernardino, having an elevation of nearly one thousand feet. Following the railway further southeast, we cross the San Gorgonio Pass, elevation 2560 feet, go through a depression, probably the bed of an inland lake, twenty feet below sea level, and arrive at Fort Yuma, in the southeastern corner of the State, on the Colorado River, 150 feet above the level of the sea.

On the plains whereon are situated Los Angeles and Anaheim, grow the orange, olive, lime, lemon, grape, almond and English walnut to perfection.

Every afternoon, in summer, as regularly as clock-work, comes wafted over the plain the sea-breeze. Modified by the intervening land, it brings refreshing coolness. In winter the "Northers" sometimes blow over this plain, but they are dry, more than cold winds, and only dreaded by the farmer as robbing the land of its moisture. The south and southeast winds, which are warm, are the only ones that bring rain. Cold rains are not a feature of this country.

On this plain, from fifteen to twenty miles back from the sea, many pulmonary invalids have settled, with the greatest advantage to their health.

Some of the prettiest and most refreshing of places that one sees have been built up by consumptive settlers, who found here a climate wherein they could comfortably exist.

The days after my arrival in Los Angeles were, I think, the most perfect, climatically, that I ever experienced. As I have before told you, the present season, 1876-77, has been one of drought, and it may have been my good fortune to witness a greater number of clear, fine days than the winter usually produces. But a year or two previous an invalid kept a record of the weather at Anaheim, with the following result. December, January, and February, out of doors all day, eighty-one days. Confined in-doors by bad weather, nine days. Here is a random record of temperature during my stay in Los Angeles.

	7 A. M.	10 A. M.	3 P. M.	6 P. M.
Jan. 30th	50°	59°	67°	60°
" 31st	54°	60°	69°	62
Feb. 1st	52°	82°	67°	63°
" 17th	46°	60°	68°	61°
" 19th	49°	62°	71°	64°
" 20th	48°	66°	72°	68°

The nights were always cool, and no annoyance was experienced from mosquitoes. I would recommend the invalid, however, to stop

in Los Angeles, or any other considerable town, only so long as he is perfecting his arrangements for country quarters. The air, associations, social customs, pursuits and amusements of a large settlement, are incompatible with the life one should lead who has to give up everything in his search for health.

The finest district of country for the invalid in Los Angeles county is east and north of the town, toward the old Spanish mission, the fruit belt, and the Indiana colony. In all of these one is far enough removed from the sea not to feel the direct sea-breeze, but at the same time, on the principle of transfusion of gases, to be secondarily benefited by it. The mountain air and the sea-breeze here commingle, and the result is a perfect atmosphere. In one of the beautiful orangeries of the fruit belt we picnicked on the 20th of February. Blankets and shawls were thrown by a little lake, on the surface and amid the reeds of which swam a number of wild ducks. A cool spring near by added zest to the lunch, and our oranges for dessert were plucked fresh from the trees. From under our leafy shade we could see plain and distinct the long line of snow-capped Sierras, seemingly only a short distance, but in reality miles away. About that time, if I remember rightly, they were having snow in New Orleans, and the whole country east of the Rocky Mountains was the scene of cold, violent storms.

In latter February we had green peas, asparagus, and strawberries, in the Los Angeles market.

To be Continued.

Puerperal Convulsions—Prompt and Efficient Bleeding—Recovery.

Ed. Med. and Surg. Reporter:—

On the 24th of February I was summoned to see E. H., a young lady, who had nearly succeeded in concealing her real condition. Before I reached the house she had given birth to a female child at full term. I removed the placenta, shreds of membrane, clots, etc., and applied the binder, and as all seemed to be doing well, within an hour I left the house. It was now about 11 A. M. At 3 P. M. I was called again. I found the patient restless, dull and incoherent in speech. She complained to the attendants of headache and obscurity of vision. I tested her temperature, found it normal. Pulse 74, and soft. I suspected her of moodiness, and left her under the care of her nurse, to be called again if any change for the worse occurred.

At 9 P. M. I was called in great haste, but being out of town, another physician was summoned. I returned, received the message, and repaired to the house before the other physician arrived. I soon learned the patient had had five or six very severe epileptic convulsions, scarcely ten minutes elapsing between them. The patient was unconscious, breathing heavily, pulse soft, not frequent, and pupils dilated. Bloody froth was oozing from the mouth. She had bitten her tongue severely. I put a cord about the arm, and from the median basilic I drew, in a full stream, probably thirty ounces of dark blood. In two hours she had one more convulsion, and at 3 A. M. she had four more convulsions in rapid succession, scarcely recovering from one when she went into another. These were of the most violent character. The respirations were now forty per minute. In these last convulsions she lost a large quantity of blood from both arm and vagina. As soon as she could swallow, I gave large doses of bromide of potash at intervals of an hour. No more convulsions occurred. Next morning I drew off with a catheter a quart of dark-colored urine, very albuminous.

At midday on the 25th she was much improved and consciousness and vision returning. Gave several injections per rectum, till I succeeded in unloading the bowels. Continued the bromide for ten days, at intervals of four hours. About the fifth day she had a copious secretion of milk, which continues still. Violent diarrhœa occurred about the same time with the milk. This, however, was easily controlled. The patient is now about well.

The above case, E. H., aged 19, and primipara, did housework to the hour of her confinement. She complained frequently of lameness of the hip. Two or three weeks previous to her illness I examined her feet and lower limbs, which were considerably swollen, pitting slightly on pressure. Numerous questions failed to elicit any satisfactory answers, and I was obliged to attribute the œdema of the lower extremities to her pregnancy.

This, then, was not a case of eclampsia from irritation. The convulsions did not occur till at least ten hours after parturition. The urine was loaded with albumen, and the œdema of her lower limbs and feet would seem to indicate that albumen might have been detected in the urine for some weeks previous to her confinement.

A. D. Binkerd, M. D.

Kansas City, Penn.

Was it Embolism?

Ed. Med. and Surg. Reporter:—

On March 9th, 1877, Mrs. H. M. W., aged forty-five, was visited by my partner, Dr. G. W. Van Zant, and found to be suffering with pneumonia involving the whole of the right lung. The attack was quite severe (among other bad symptoms, the sputa consisted of pure blood during the greater part of her sickness), but she was dismissed as convalescent on March 21st, when everything seemed favorable for a speedy return to health. The treatment I do not consider it necessary to detail, except that carbonate of ammonia entered into it quite largely, both as a stimulant and a preventive of heart clot.

On the evening of March 22d was summoned hastily to see Mrs. W. Found her suffering severely with pain in the calf of the right leg. Learned that on rising from bed to pass urine,

a few hours previously, this pain had suddenly commenced, and had steadily continued up to the time of my arrival. The foot was perceptibly colder than the other, and the pulsations of the posterior tibial artery were scarcely perceptible. The pain was severest at a point corresponding with the usual place of giving off of the peroneal from the posterior tibial artery. The leg was somewhat swollen but not œdematous. No constitutional symptoms. Temperature normal. Patient stated that she had noticed a dull, heavy pain in the region of the heart for several hours previous to the time when the pain in the leg came on.

Bearing in mind the special liability to the formation of heart clot in pneumonitis, I could arrive at no other conclusion than that a small clot had formed in the left auricle or ventricle, had become detached, and thus plugged the posterior tibial at the point where the greatest pain was experienced. Proceeded to give sufficient morphia to control pain, ordered the foot and leg elevated and rubbed frequently with an anodyne liniment, and dry heat kept constantly applied.

On arriving home I stated the case to my partner, who agreed with me that the case was one of embolism. On the next day found the patient comfortable, but more swelling and some œdema of the leg. On consulting the authorities in relation to embolism, I came to the conclusion that if our diagnosis was correct the patient would probably die. However, as she continued from this time to improve daily, and at last accounts was nearly well, I am not so positive as to the correctness of the diagnosis, and write as much for the purpose of getting the opinions of yourself and readers as to its correctness, as for any other reason.

M. G. Sloan, M. D.

Charlotte, Iowa, April 7th, 1877.

Atmospheric Anæsthesia.

Ed. Med. and Surg. Reporter:—

If your readers desire the benefits of this unique plan of avoiding pain in minor surgery, let them read, and profit from, the following cases, the last two of many I have met:—

1. R. W., male, aged thirty, complaining of felon on finger, which needs lancing. I ordered rapid and deep respiration, and after two minutes plunged the knife to the bone, making a full and free incision. Result, a slight twinge of pain.

2. Benjamin S.; complains of a decayed, aching molar. I directed the respiration, as before, and extracted with some difficulty. The patient, a stout young man, asked, "did you get it," declaring he felt no pain whatever, whereas he complained considerably before, in extracting a smaller tooth.

I have tried many cases thus with success, occasionally failing; I fully believe, in the latter, because I could not obtain the requisite rapidity and deepness in respiration.

I have also tried, with success, the rapid and deep respiration of chloroform, permitting only two or three respirations, and operating immediately, as in the above cases.

La Fayette, Ala. M. J. Eley, M. D.

To Prevent Strangury from Blisters.

Ed. Med. and Surg. Reporter:—

In the last No. of the Reporter, I noticed an article, "A simple means of lessening the pain attending blisters." One of the most painful sequences of blisters is strangury, which the plan suggested does not propose to relieve. It is of that I propose to make a simple suggestion. There are a great many small facts that are, like grains of gold, very valuable and worth possessing. Such, I think, is the following. Some twenty years ago I saw it stated somewhere that wetting the surface of a blister with spirits of camphor before applying would prevent that very painful and annoying difficulty. I have practiced upon the suggestion ever since, and found it to act like a charm. I have not had my patients to complain of any urinary trouble for many years, and I can attribute the exemption to nothing else. I am very friendly to blisters in certain diseases, and have occasionally used them very freely.

J. E. Lyons, M.D.

Huntingdon, Ind., March 31st, 1877.

News and Miscellany.

The Results of the "Contagious Diseases Acts" in Great Britain.

These Acts were passed to prevent the extension of syphilis and gonorrhœa by the examination and registration of prostitutes. In a review of their operation, the *British Medical Journal* says:—

"The Report for 1875 tells us that, during three years immediately preceding the operation of those Acts, the average annual ratio of cases of primary and secondary forms of disease was 104.4 per 1000, whereas, in 1875, it did not exceed 45.8; and further, that the ratio of cases of primary disease was 53.4 in 1866, but had declined, in 1875, to 33.5 No amount of ingenuity can explain away this marked decline of the more serious forms of venereal disease, whatever may be the real facts of the case with regard to the asserted large increase in the ratio of cases of gonorrhœa.

"In attempting to estimate impartially the true effect of the Acts upon the prevalence of venereal diseases, their effect upon the civil population should not be ignored; and we cannot neglect this opportunity to remind the opponents of the Contagious Diseases Acts that, during the five years, 1870–4, the annual death-rate from syphilis (including congenital syphilis) in the eleven districts or stations where the Acts were in operation, was 21 per cent. lower

than it was during the five years 1861–5, before the Act of 1866 was passed; whereas, in the rest of England and Wales the death-rate from this disease was 20 per cent. higher in the second than in the earlier period. It would appear that the operation of the Act of 1866 at these eleven stations, not only there prevented the increase which took place in other parts of England and Wales, but caused an actual decrease in the fatality of the disease, equal to 20 per cent."

The Rise in Quinine and Iodine.

The extraordinary rise in the price of quinine is creating a sensation among the wholesale druggists throughout the United States. Until last fall the standard price per ounce for the article ranged at about $2.50, when there was a sudden rise to $3.25, quickly followed by another to $4, and on, up to the present time, when it is selling in New York at $5.

The immediate cause of the rise is owing to the war now being waged in New Granada, South America.

Another cause for the advance in the price is owing to the great demand from Europe occasioned by the Eastern war.

Again, the stock of quinine is very low everywhere now, and is chiefly held by speculators.

Iodine is also going up in price. It was forced down from $8 and $10 per pound to $2.15, last year, but this last month has advanced to $4 and $5, owing to the combination between the French and Scotch manufacturers.

The Late Epidemic of Typhoid in Paris.

The total number of deaths caused by typhoid fever, during the epidemic which prevailed in that city during the last six months, is 1645. Assuming an average mortality of 20 per cent., this would correspond to 8000 or 9000 cases, or one in every two hundred inhabitants. M. Besnier, who has been studying the epidemic, states that typhoid fever attacks a much larger number of men than women, of boys than girls; but the relative mortality of the disease being greater in women and girls, the ultimate result as regards the two sexes becomes, as a matter of fact, equal.

Cruelty to Animals.

A correspondent of the San Francisco *Bulletin* writes a harrowing description of the condition of the horses used in the process of amalgamation in the Mexican silver mines. The ore is ground, and mixed in large cakes. Each of these mammoth *tortillas* were being trodden and mixed by the perpetual tramp of twenty-four wretched horses and wheels, all in various stages of living death, from the mercury. Poor, hideous, distorted, crippled creatures! Blind, staggering, bloated, or shriveled, each a separate embodiment of condensed misery. Some without manes, some without tails, some without ears, some without eyes, and all without teeth—breasts, limbs and flanks green as verdigris, and quivering with exquisite agony. Sickening sight! The animals are brought in to their direful drudgery at six o'clock A. M., and are taken off at two P. M., after plunging and plowing under the lash for eight dreadful hours. They are then led to a water tank and deluged with water, sufficient to rid them of every atom of the precious grime with which they are bespattered, after which, dripping and shivering, they are led limping to their stalls.

Hydrophobia.

An unusual number of cases of hydrophobia have recently been reported, all fatal. Woorara, the latest device, has proven inefficient. The prevalence of the disease is by some attributed to the increase in Spitz dogs, which are said to be peculiarly liable to rabies. It is asserted that rapid salivation by mercurial fumigation has cured well marked cases.

Obituary Notes.

—Dr. Hervey de Chégoin, a veteran of French surgery, formerly surgeon to the Paris hospitals, and a member of the surgical section of the French Academy of Medicine, has just died, at the ripe age of eighty-four.

—The dead body of Dr. D. J. Brittain, of Glen Gardner, N. J., was found lying in the road, beneath the bridge of the Central Railroad of New Jersey, near Easton. It is supposed that he accidentally fell through the bridge, and the coroner's jury have returned a verdict to that effect.

—We notice with regret the death of Dr. W. G. Taylor, of Camden, N. J., son of R. Given Taylor, M. D., of South Camden, N. J. Dr. Taylor labored as a physician to the missionaries at Gaboon, Africa, until stricken down by fever, when he returned to his native land to breathe his last. He died on the 8th inst. The funeral was largely attended.

—Dr. Amos Nourse, of Bath, Maine, who died lately, at the age of 82, graduated at Harvard in 1812, studied medicine and was medical lecturer in the Maine Medical School from 1846 to 1854, and professor for a large number of years following. In 1857 he was chosen United States Senator to serve out the remaining three months of Mr. Hamlin's term, when he accepted the office of Governor of Maine.

—William Wood, the senior partner of the book-publishing firm of William Wood & Son, died on Monday, in New York. He had retired from business in 1868, having established the *Medical Record* and the *American Journal of Obstetrics*. Mr. Wood was one of the founders and an original director of the Mercantile Library. Of late years he gave a good deal of attention to the affairs of the Society of Friends, of which he was an active member. He always took a great interest in medical writings.

QUERIES AND REPLIES.

Medical Ethics.

MR. EDITOR:—1. A patient calls in a physician, receives one visit, takes a few doses of the medicine prescribed, and in a few days afterward calls in a second; should the latter attend?

2. In the case of an amputation who is the person to take charge of the limb after its removal, the surgeon who operates or the attending physician in the case? C. E. Q.

1. The second physician should see that the patient notifies the former attendant of the change, before he takes charge. 2. The wishes of the family should first be consulted; if they are indifferent, the limb should belong to the operator.

Dysmenorrhœa.

MR. EDITOR:—I have a case in which the menses appear every fourth week, and continue seven days, followed by a profuse leucorrhœal discharge of seven days' duration. The discharge is uterine. How would you treat the case? ANXIOUS.

Dr. S. E. T., Mass.—The amount of water is twenty-two ounces.

OBITUARY.

JONATHAN M. FOLTZ, M. D., U. S. N.,

Formerly Surgeon-General of the United States Navy, died April 12th, at his late residence in this city. Dr. Foltz was of Prussian descent, and was born at Lancaster, in this State, on April 25th, 1810. He graduated from the Jefferson Medical College of this city in 1830, and entered the naval service as an Assistant Surgeon, on April 6th, 1831. His first cruise was in the frigate Potomac, on the Pacific Station, extending from 1832 to 1834. During this cruise he was present at the bombardment of Qualah Battoo, on the coast of Sumatra, on February 6th, 1832. After circumnavigating the globe in the Potomac, he was detached from that vessel on its arrival at Boston, in June, 1834, and for several years thereafter was on duty at Washington.

He was commissioned as Surgeon on December 8th, 1838, and in 1839-40 was on duty at the United States Naval Hospital at Port Mahon, on the Island of Minorca. His next important service was on the frigate Raritan, of the Brazilian Squadron, from 1844 to 1847, the greater part of the time as Fleet Surgeon of the squadron.

At the outbreak of the Rebellion he was ordered, in April, 1861, to the frigate Santee, in Hampton Roads, and soon after to the frigate Niagara, of the Gulf Squadron. The first conflict of the war in which he was engaged was the bombardment, on November 22d and 23d, of Forts McCrea and Barrancas, at Pensacola. On February 21st, 1862, he joined Admiral Farragut on the Hartford, as Fleet Surgeon of the Western Gulf Squadron, a position which he retained until near the close of the war, participating in all the desperate encounters of the period. On the 25th of April, 1862, he was present in the desperate passage of Forts Jackson and Saint Philip, and the next day in the passage of the Chalmette forts and the capture of New Orleans; on the 28th of May, at Baton Rouge, passing in an open boat under the fire of the enemy to attend the wounded; on the 28th of June in the hazardous battle of Vicksburg; on the 15th of July in the desperate battle with the Rebel ram Arkansas, in the midst of which action he passed in an open boat to attend the wounded on the Tyler; on the night following, in another battle with the ram Arkansas and the batteries at Vicksburg; on the 22d of July, with the batteries below Vicksburg and the ram Arkansas; on the 9th of August, at Donaldsonville; on the 14th of March, 1863, at Port Hudson; on the 19th at Grand Gulf; on the 25th and 26th at Warrenton, and on April 1st at Grand Gulf.

Dr. Foltz returned to New York with Admiral Farragut, in August, 1863, and was then detached from the Hartford. In 1864-65, he was a member of the Board of Examiners, and in 1866-67, President of that body. In 1868-69, he accompanied Admiral Farragut as Fleet Surgeon, on the famous cruise to the Mediterranean and northern ports of Europe. In 1870-71, he was President of the Naval Medical Board. On March 3d, 1871, he was promoted to the then new rank of Medical Director, with the relative rank of Commodore, and on October 25th, of the same year, was appointed Chief of the Bureau of Medicine and Surgery and Surgeon-General of the Navy. This position he held until April 25th, 1872, when he was retired, having reached the age of sixty-two years.

MARRIAGES.

DEWEES—WALBORN.—By Rev. F. J. F. Schantz, at the residence of the bride's mother, in Myerstown, Lebanon Co., Pa., W. B. Dewees, M.A., M.D., only son of Geo. Dewees, Esq., of Fleetwood, Pa., and Amelia E. Walborn, only child of the late Edward Walborn, Esq.

STRYKER—BARTLETT.—On Wednesday, April 11, by Rev. William Adams, Dr. Samuel Stanhope Stryker, of Philadelphia, and Miss Grace Medora Bartlett, of this city.

SWINTON—CORNELL.—At Somerville, N. J., April 11, 1877, by Rev. Samuel Parry, William J. Swinton, M.D., and Miss Phœbe M. B. Cornell, daughter of the late Rev. Frederick F. Cornell, D.D.

DEATHS.

ARMSTRONG.—On the 19th ult., at Lebanon, Pa, Dr. Thomas G. Armstrong, of Philadelphia, in the 63d year of his age.

FARR.—On Tuesday, April 10, at Hackensack, N. J., Dr. Robert William Farr, in the 47th year of his age.

FOLTZ.—In this city, on the evening of the 12th instant, Jonathan M. Foltz, M.D., ex-Surgeon General U. S. N.

GARDINER.—In this city, on the 22d ult., Richard Gardiner, M.D., in the 85th year of his age.

HAINES.—At Medford, N. J., on the 12th instant, George Haines, M. D., in the seventy-ninth year of his age.

HUTCHISON.—In Brooklyn, On Tuesday, April 10, 1877, N. Gerhard Hutchison, M.D., aged 23 years and 10 months, only son of Dr. J. C. and Mrs. S. B. Hutchison.

HOLLY.—At Hamilton, Bermuda, March 3, Pierce R. Holly, M.D.

QUICK.—In New York city, on Wednesday morning, 4th instant, Dr. Theodore Quick, aged 50 years and 6 months.

TATEM.—William A. Tatem, M.D., at St. George's, Delaware, on Thursday, March, 29, at 12 M.

WHEELER.—Saturday morning, March 24, at four o'clock, of heart disease, Dr. B. D. Wheeler, in the sixty-second year of his age.

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Original Department.

Lecture.

ON COMPARATIVE ANATOMY.

BY HARRISON ALLEN, M. D.,

Professor of Comparative Anatomy in the University of Pennsylvania.

Condensed by C. C. VANDERBECK, M. D.

Professor Allen takes occasion to remark, at the opening of his course of lectures, that the student must not expect to hear lectures upon natural history, as generally given in colleges and scientific schools, but that he must be prepared to hear the science of anatomy taught.

It is not the object of the department of comparative anatomy to discuss the families, varieties, and habits of animals, but an auxiliary to students of medicine, to aid them in grasping grand principles that underlie the whole science of anatomy, to aid them in comprehending more clearly human anatomy, and to explain more intelligently the variations occurring in the frame of man. He does not claim to be a naturalist, but a physician, and approaches the study of comparative anatomy as a medical man. In other words, the study of man is the keystone of the whole course, reference being made to the lower creation only to illustrate and elucidate that which is found in the human body. This manner of examining the structures of man is far different, however, from that carried on by the general anatomist. The latter, as a rule, simply study structure, without any reference to great general laws exemplified in every portion of the body. Some of the generalizations of the comparative anatomist may not be practical, at least not to the extent that the utilitarian would desire, yet they cannot fail to be interesting, and to give a much broader and deeper insight into organic nature. Huxley, strange to say, is one of those who affirms that comparative anatomy is of no use to the medical student. He says he would ruthlessly elide it from the curriculum. What, says he, does the student need to know of the anatomy of star fishes and lobsters? Dr. Allen remarks that though Professor Huxley is medically educated, he evidently is without sympathy with medical science.

Professor Huxley's address at the opening of the Hopkins University declares that medicine is not a liberal profession. This explains, doubtless, the strictures with reference to science. Professor Allen contrasted with these the matured opinions of Billroth—himself a leader within the medical ranks—to the effect that comparative anatomy is of great use in giving breadth of view in making investigations in nature. He believes that interest in scientific culture is only acquired during student life, and the bud of scientific genius is often roughly nipped by the too early development of routine. The modern cry for practical knowledge, he continues, and so-called practical education, may, after all, be not without some attendant evils. It is scientific culture which tends to correct such. Professor Allen had no hesitation in declaring that medical students would find the judgment of Billroth more worthy of consideration than that of Huxley.

As referred to above, lower life can elucidate laws that govern or run throughout all animal creation. Moreover, how rude an idea, if only

that part of *human anatomy* were studied that is directly practical.

Professor Allen divides the subject into two parts, *primary* and *secondary* principles. The primary principles are ten in number; viz.—

1. Development depends upon division of functional labor.
2. Evolution, under which is placed Type, Reversion and Homology.
3. The principle of Symmetry.
4. The principle of Axial Segmentation.
5. The principle of Repetition.
6. The principle of Flexion and Extension.
7. The principle of the Spiral.
8. The principle of Gummation, *i. e*, budding.
9. The principle of Correlation.
10. The principle of Compensation.

The *secondary principles* include the rules governing each of the anatomical systems.

Illustrations of the Primary Principle.—Development depends upon division of functional labor, *i. e.*, the more organs introduced to divide the labor of the body, the higher the animal. This is the best basis for physiological classification. In the very lowest animal only one kind of tissue exists, and the being is almost structureless. Yet all the primary functions, digestion, circulation, respiration, reproduction, excretion, are performed by such an animal. There is no localization or specialization of function; every part of the tissue is capable of performing all the mentioned functions. The amœba, a kind of rhizopod, which in turn belongs to the protozoa division of animals, is a good example. Higher up the scale animals begin to form a skeleton, one of the first differentiation that occurs. An œsophagus appears for the first time in the infusoria, the highest of protozoa. In the low forms of radiates there is no anus proper, the one opening into the cup-shaped alimentary canal answering as both a mouth and an anus. In the higher radiates an independent opening exists for the anus; alimentation and respiration both are performed by one canal in certain molluscs, respiration being carried on in that part equivalent to the pharynx in higher animals. In the human fœtus the intestinal canal exists before the respiratory organs; these may be considered, then, branches of the alimentary canal. Circulation, respiration, and excretion are performed by one organ in some low animals, especially in the entozoa. Thus it is seen that a whole group of functions may be carried on by one system or structure, and that the difference between a high and a low animal is in the division of labor, the specialization or differentiation of structure. The liver of the human adult does two things—forms bile, and also sugar, and in the fœtus is also concerned in respiration. Therefore, if we could conceive of a being higher than man, we would probably have the functions of the liver separated. The wolfian bodies in the human fœtus represent, for the most part, both the internal and external organs of generation of the adult. This is only one of the many examples of division of functional labor in the developed body as compared with the fœtus. Another illustration of this first law may be thus condensed: A well-formed kidney does not appear below molluscs; it is absent in articulates below myriapoda. In the entozoa it is replaced by the water vascular system.

PRINCIPLE OF EVOLUTION.

1. *Types.*—Type, as defined by Professor Agassiz, Dr. Allen thinks is entirely metaphysical. Agassiz taught, it will be remembered, that each type was a divine thought, that each was due to an independent, separate, creative act. Professor Allen is inclined to believe that type is simply a term of convenience; that in reality there is no such thing as type; at any rate, not in the sense used by Agassiz and his followers. It is a convenient word, however, to use in speaking of certain more or less similar forms running through a series of animals. As he has frequent occasion to use the terms general and special type, it will be well to obtain a clear idea of the meaning of these words at the outset. A generalized type is a low form of life; there are few or no attempts at division of functional labor; the specialized type belongs to a higher form of life; specialization or division of function has been carried to a more or less degree of perfection. The first principle is seen, thus, to be the basis of determining whether any given animal is generalized or specialized. The special types are evolved from the general forms. As an illustration of this subject, fish may be mentioned as the most generalized vertebrate. This is told first by the skeleton. The degree of ossification differs throughout the vertebrated series, and is more complete the higher the scale is ascended. In every fish there is a considerable amount of cartilage, all through life.

In the amphyoxus the spinal column never becomes bony, but remains cartilaginous all lifetime.

The wolfian bodies probably remain in mature fish; a feature of fetal life of most vertebrates. Again, fish are aquatic, and the lowest class of animals of any grand division lives in this medium. Therefore all aquatic animals are more generalized than terrestrial animals. From a careful study of the structure and life history, we can quite easily determine, as a rule, the character of the type—whether high or low—of any class of animals. Specialization may be studied in a more restricted sense, as occurring within a given class. Fish, though the most generalized of all vertebrates, have some species that are specialized, addition or change of position of organs to suit particular habits of life. The flounder is flat, and has both eyes on the upper surface. The pike is a highly specialized fish. The coral fish has specialized teeth. The cod-fish is a more generalized form, and the amphyoxus is not only the lowest vertebrate, but the most generalized fish. This animal is double-pointed, lives in the sand, and was once thought to be a worm. No bone is found in it. The whole body is of the simplest character. No convolutions exist in the intestines, and there is no sacking for a stomach. All the functions of alimentation are done by this one tissue. The quadrupedal form of mammal is the generalized form. Man, when considered as a whole, is the most specialized mammal, but some particular parts or tissues are more general than the same structures in other mammals. The only mammal that flies is the bat, which is highly specialized for this function.

The teeth of the rodent are highly specialized, especially the incisors; they have no canine, therefore cannot tear. A specialized animal can do only a few things, but can do these few well. The human hand is generally spoken of as the most specialized structure of all animal creation, and the consideration of the hand, its mechanisms and vital endowments, as evincing design, formed one of the series of the Bridgewater treatises. The hand, however, is specialized in its myology, not in its form. The embryonic, therefore the generalized, number of digits, is five. This primal form is retained by man and the elephant; but the hog has only four, two of which are rudimental; the rhinoceros, three; the boa, two; and the horse but one, with concealed rudiments of second and fourth metatarsal bones. These animals, consequently, have a more specialized form of a hand, and a foot. In the opossum (itself five-fingered and toed) the muscles of the paw are generalized, being but one flexor muscle, with a rudiment of a superficial. In man the flexor divides into a superficial and deep, a division of functional labor occurs, the muscular system of the hand becomes specialized. Finally, the clavicle is not present in all animals, and its presence indicates a power to bring the tips of the extremities together, and is also indicative of a specialization. This bone is absent in ruminants, imperfect in carnivora, and some rodentia, but perfect in squirrels, etc.

Individuality bears a close relationship to the degree of development. If formulated, the law might be expressed, the higher the animal the more marked the individuality. In the same species, one fish cannot be told from another. The same remark is true of corals, and compound animals, such as tape-worm. This latter animal has no mouth, no tail; it is a colony of animals; each segment is an organism, and one mature segment cannot, physiologically, be distinguished from another. The individuality of higher animals is well known; it is seen among sheep, cattle, horses, but in greatest perfection among men. Again, wherever lack of individuality is seen, the risk of death is greatest, and consequently the number of ova and young produced are incomparably in excess of those possessing individuality. Glancing at the downward scale, we are powerful, resist death to a marked degree, but are comparatively few in number. Monkeys are fewer in number than other quadrupeds. Birds are few compared with fish, and so on down the scale. This is a wise law of nature, for those who resist death are not in so much danger of extinction, while those who die easily, or who are the prey of other animals, or whose eggs are destroyed in immense numbers, must produce innumerable eggs and young, in order to protect the species from utter extinction.

—The following formula is an agreeable one for the administration of chloral: — Finely-pounded sugar, 100 parts; chloral-hydrate, 5 parts; water, 15 parts. Dissolve the chloral in the water, and triturate with the sugar in a mortar. An aromatic flavor is obtained by the addition of the artificial essence of pine-apple, or the essence of peppermint.

COMMUNICATIONS.

SPINAL IRRITATION.

BY O. A. DEAN, M. D.

Read before the Quarterly Meeting of the Monroe County Medical Society, in Rochester, N. Y., February 20th, 1877.

Irritation of the spine was first brought prominently to the notice of the profession, by Dr. Teale, of London, about forty-five years since, whose work was followed about fifteen years later by the most important contribution to the subject which has appeared, by the brothers Griffin, who collected and tabulated quite a large number of cases. Latterly, unless my reading has been particularly unfortunate, it has hardly been prominent enough.

As would naturally be inferred, from the nature and extent of its seat, the symptoms to which it gives rise are scarcely less various and vague than those of hysteria, and it may, and probably often does, pass for that disease or neuralgia, in one or other of their forms. Spinal tenderness, pain, sharp or dull, constant or intermittent, cough, breathlessness, palpitation, headache, accompanied with debility and despondency, and often with a nameless "distress," constitute some of its symptoms.

I can do no better than to introduce here the table of the Griffin brothers, tabulated from 148 cases:—

REGION OF SPINAL TENDERNESS.	PROMINENT SYMPTOMS.
A. Cervical region—28 cases.	Headache, nausea, vomiting, face-ache, fits of insensibility, cough, pains in the upper extremities
	Nausea and vomiting in five cases; pains of stomach in two only.
B. Cervical and dorsal region—16 cases	In addition to the symptoms in group A, pain of stomach and sides, pyrosis, palpitation, oppression.
	Pain of stomach in 34 cases; nausea and vomiting in ten.
C. Dorsal region—23 cases.	Pain in the stomach and sides, cough, oppression, fits of syncope, hiccough, eructations.
	Pain in the stomach in almost all these cases; nausea or vomiting in only one
D. Dorsal and lumbar region—15 cases.	In addition to the symptoms in group C, pains in the abdomen, loins, hip, lower extremities, dysury and ischury.
	Nausea in only one case
E. Lumbar region—13 cases	Pains in the lower part of the abdomen, testes, or lower extremities, dysury, ischury, disposition to paralysis in lower extremities.
	Retching or spasm of the stomach in one case only.
F. All regions together—23 cases.	A combination of the foregoing groups of symptoms; one group changing into another, as the spinal tenderness becomes more marked in one region or another.

All or any of these symptoms, be it understood, appearing in connection with the tenderness, and usually being increased by pressure upon the spot.

In addition to the symptoms enumerated in the table, may be mentioned cases of prolonged muscular contraction, the extremities, especially the lower, being most frequently affected, but the muscles of the neck can claim no exemption.

In cases thus affected the contraction may continue for weeks, sometimes being relieved during sleep, at other times not.

I recall to mind a case in my practice, first diagnosed by another physician as chorea, to which opinion I subscribed, in which the fingers of one hand assumed much the position of the hand of the accoucheur for introduction into the vagina, though irregular, some of the fingers being bent backward. In that case there were few other symptoms of chorea, and the ordinary remedies for that disease were apparently useless for a long time, when the contraction ceased suddenly and permanently. I now think I might have relieved my patient much sooner had I added another string to my bow.

Again, there may be local spasm, not prolonged, with slight numbness, or disordered sensibility, though pronounced anæsthesia is not a symptom of simple irritation. In illustration of this, I may here introduce

CASE 1.—John B., aged 17 years; during the summer of 1876, sailing; called on me August 25th last. Had always been healthy and strong until the preceding winter, when he began to experience general malaise, he thinks, from continued watching with and lifting a sick man. He suffered from occasional cramp of the left arm, at which times it was drawn inward and backward, the spasm lasting only for a few moments, and being succeeded by a constant disagreeable sensation in the arm, as though partially asleep, and partially powerless. Had also oppression of breathing, vertigo, debility, and backache, and some pain in the hypochon-

driac regions. Appetite good, bowels regular. As he was about to sail I prescribed a mercurial cathartic, and a tonic.

December 23d. Returned much in the same condition as before, reporting that he was somewhat improved by the treatment while it lasted, but he had gone back, and now had, in addition to the above symptoms, some dimness of vision, amounting at times almost to blindness, general nervousness, sleeplessness, seminal emissions, and increased debility. Prescribed pil. phos, gr. one-fiftieth, thrice daily, and comp. heptandrin pil., one or two daily. Under this treatment, with the subsequent addition of a bitter tonic, his condition improved much in regard to the sleep, emissions, and appetite, but on January 23d reported still a good deal of pain in the sides, especially after sitting in school, headache, photophobia, and the same disagreeable sensation in arm. Pressure about the middle of the dorsal region of the spine gave pain in the sides, and a feeling of oppression of the chest. Applied cantharidal collodion over and around the point of tenderness, and gave tonic of cinchona, iron and strychnia. Four days later (27th), he reported that since the blister the pain in the sides had disappeared, the arm felt quite natural, and that there was scarcely any headache or photophobia. He has since reported himself as feeling quite well.

In illustration of some other phases of the disorder, and also of the obscurity of the symptoms, I produce

Case 2.—M. K., aged twenty-eight; laborer; large, robust, strong man; engaged last season as a coal trimmer. Consulted me January 1st, complaining of pain in the hypogastrium and testicles, backache, and some slight degree of debility, and said that if hard worked a cramp attacked him in the hip and thigh, attended with a feeling of numbness in the parts. Was first attacked in June last, after taking a cold. Called upon another physician, who thought he had come near rupturing himself, and advised a suspensory bandage; also gave him some treatment, but without effect. With the exception of the back and testicles, the patient considered himself perfectly well. Functions normal. Examination revealed tenderness over the lumbar region of the spine, pressure upon which gave pain in the hypogastrium and testicles. Applied a blister two and a half inches in diameter over the tender spot, and gave him only a cathartic.

January 27th. Returned, saying that for some days after the blister he had no pain, but then took cold, and has since been suffering from pain, not as before, in the hypogastrium and testicles, but through the abdomen, about on a level of the top, the ilii. Tenderness now over lower dorsal and upper lumbar regions, pressure causing aggravation of the pain. Another blister gave the same result as before.

Case 3 illustrates still other features. Miss D., age 18 years, tall, slim, and of nervous temperament; had remittent fever, from which she made a fair recovery until she was able to be about the house, but having the cares of a household she did too much, and began to suffer a constant dull headache and pain in the left eye, which at times became acute and so severe as to require anodynes in full doses for her relief. From my note-book I extract the following:—

December 21st.—Found the patient suffering greatly from pain in the sides and chest, and also all the limbs; cough; short and distressed breathing; respirations being from fifty to sixty per minute. Headache and pain in the eye severe; pulse 120; face pale. Has had fits of sneezing. Menstruation began scantily last night. To have—

℞. Dover's powder, grs.iij
Brom. pot., grs.xv. M.
Sig.—Every half-hour until relieved.

9.30 P. M., only partially relieved. Gave sulphuric ether, half a drachm, and pediluvium as hot as could be borne for twenty or thirty minutes, which gave her considerable comfort, and I ordered the Dover's powder to be taken as required, and in case of distressed breathing the ether to be repeated every half-hour until relief was obtained.

December 22d. Did not rest very well last night, having a good deal of pain, though she took the anodyne pretty freely. Awoke in the morning with the distressed breathing, which was again relieved by the ether.

As yet I had considered the symptoms as hysterical, and connected with the menstruation; but on the 24th, as they still continued, lighter in degree, though she had had a good flow, I examined the back and found tenderness over the upper dorsal region of the spine, pressure upon which gave pain in the chest and sides and affected the respiration. Applied strong tincture of iodine, which was discon-

tinued in a day or two, the patient protesting that its application gave her for some time afterward a peculiar thrilling sensation, which was insufferable. Therefore substituted for the iodine a blister about two and a half inches in diameter over the affected spot. On the following day the pain in the sides and chest and the distressed breathing had disappeared, the cough and headache were much relieved, and the pulse was 78.

I will not presume upon your time with further detailed description of this case, only remarking further, that the cough is chronic, without evidence of any lung affection. It began more than a year ago, when her endurance was overtaxed by the care of a sick mother. She has also had, for some years, a settled pain in the region of the right ovary and hip, which is connected with a spot of tenderness in the lumbar region of the spine, which her father says is hereditary.

Of the causes of spinal irritation little need be said. Hard work, mental or physical, grief, in short, anything which brings about depression of the general health, operating on a *nervous temperament*, may induce it, or it may follow a fall, or blow upon the back, or a strain; and finally it is believed there may be a hereditary tendency to it.

The diagnosis in uncomplicated cases is usually not difficult. It may exist in conjunction with other forms of spinal disease, such as some degree of congestion, or inflammation, in which case the symptoms will be complicated. Some of its characteristics of diagnostic importance are:—

1. The pain or disorder being entirely disproportioned to the constitutional disturbance. In Case 2, as I have stated, the various functions of the body seemed to be normal, or nearly so.

2. The pain *usually* relieved by the recumbent posture, and being increased by lifting, or bending, or twisting the spine. To this Case 2 is an exception in one particular. The pain was often severe while the patient was lying, especially if he attempted to lie on his back.

3. The existence of tenderness at that particular part of the spine corresponding to the diseased organ, and increase of pain in the organ by pressure at the point of tenderness.

4. A disposition to sudden transferance of the pain from one organ to another, according as one part or another of the spine becomes the seat of the irritation.

5. Fits of yawning and sneezing, and a nervous cough.

In Case 3, the sneezing and cough seemed to alternate in a certain degree, *i. e.*, on some days the sneezing was more pronounced, on other days the cough was the most prominent.

Of these characteristics, the 1st and 3d enumerated may almost suffice to distinguish it from other forms of spinal disease, except strumous disease of the vertebræ, from which it may generally be differentiated by the facts—

1st. That strumous diseases usually occur before puberty. Irritation scarcely ever does.

2d. Strumous disease does not give rise to hysterical symptoms.

3d. Strumous disease affects the general health more profoundly, and stamps its impress more clearly.

4th. That in the later stages, when there may be some curvature of the spine in either case, in strumous disease the curvature is angular, involving only one or two vertebræ, while in irritation it is a rounded curvature, involving four or five vertebræ.

5th. The history may also assist in the diagnosis, as there is a hereditary disposition in both.

The prognosis is favorable with the proper treatment, even though the affection may have existed for years. And yet we are all aware that a purely functional affection may be the exciting cause of a truly organic disease, and we should not lose sight of the fact that the irritation of to-day may pass into congestion of to-morrow.

The treatment has been hinted at in the cases read. Rest, in some cases in the recumbent posture for a time, but in all cases to the extent of refraining from severe exertion or lifting, or, in short, from anything that produces fatigue. In Cases 1 and 2, no restriction was put except the latter, while in Case 3, the recumbent posture had to be insisted upon for some time. Tonics are always required, and in these should be included phosphorus, strychnia, and sometimes electricity.

A full diet should be prescribed, to which cod-liver oil may be added, with benefit.

Mr. Teale advised local depletion, by cupping; but Dr. Radcliffe, of London, thinks the existing condition is one of spinal anæmia, rather than congestion, and hence advises measures to induce a flow of blood to the parts, rather than extracting blood from them. He,

therefore, insists on the pretty free use of wine, or other stimulants, considering it an important part of treatment. This opinion would seem to be supported by the good effect of ether, as shown in Case 3.

The advantage of blisters is shown in each of my cases. They are to be repeated at intervals, following the points of irritation, while we build up the patient, overthrowing the affection from its base. In the meantime we should not neglect the use of anodynes when required.

Conscious of the defects and shortcomings in this paper, I still hope that it may sometimes do our patients good, by directing our minds to the existence and importance of spinal irritation.

DIPHTHERIA AND ITS MANAGEMENT.

BY B. R. HAMILTON, M. D.,

Of Nauvoo, Illinois.

The experience of American physicians is, I believe, that diphtheria is not in any way, after development, controlable by remedies—much less curable by them—whether they be local or constitutional, or both. I do not mean to say that they are useless, though in bad cases I have always found them so. Also, reference is here made only to cases wherein a *true* diagnosis has been made, not presuming to include non-specific cases of pharyngitis, etc., as is very often done.

During the past winter our county, as well as most portions of the West, has passed through a very fatal epidemic of the affection.

The death-rate immediately here, and as far as my own personal knowledge extends, has been, so far, from 65 to 70 per cent., many cases proving fatal from prostration and a form of progressive paralysis days and weeks after the throat affection was gone. Some cases also terminated suddenly and unexpectedly, from cardiac palsy.

A little boy of 8 years, in whom the patches were gone, and to all appearances the disease also, died on the twenty-fifth day, of this progressive palsy.

During his illness, and up to the twentieth day, he was around the house, with a good appetite, good color, and apparently good strength. General weakness and incontinence of urine were the first symptoms which developed to cause alarm. Then followed palsy of the muscles of deglutition, accompanied by profound prostration, and followed by cardiac paralysis, and death. The local trouble in this case had been well marked, though not excessive.

A girl of nine years, under my care, died on the nineteenth day, in which no alarming symptoms appeared until thirty-seven hours before death, when cold extremities, prostration, nearly extinct pulse, collapse really, developed and continued till death. A babe, 18 months old, that had suffered from an apparently very mild form of the disease, not having been at all much sick, and nursing heartily all the time, was noticed to walk with difficulty; in a short time, when held in its mother's arms, it was unable to hold up its head. Soon palsy of the throat developed; then death suddenly, from heart failure. This child looked the picture of health up to a short time before death, and it had nursed and taken nearly the amount of nourishment used before its sickness.

These few cases mentioned are but examples of many others that have been under my care or notice in consultation practice. The treatment pursued in diphtheritic cases here has been tonic, as quinine, iron, etc., with an early, continued, and forced administration of brandy and other stimulants, together with a free use of good food, and often a forced use of concentrated animal essences, milk, etc. To be sure, the termination of fatal cases of the disease points so directly to the need of stimulants in bad cases, before death, that the medical attendant will, as a rule, employ them; yet, when they are used in these alarming cases, for the apparent prostration, they are found to be useless and of no avail—and why?

My observation has led me to believe that paralysis, or loss of nervous vitality, generally irremediable, and not amenable to a successful treatment by stimulants proper, or any other remedies, is the fatal cause that so surely and suddenly sends its victims from the family circle, whilst the medical attendant stands by, a useless, helpless, overawed spectator. When to the cases as herein described are added those of the laryngeal form, as well as malignant ones, it is easily seen that the mortality must necessarily be large in rate. It may seem somewhat humiliating to the profession to have to acknowledge the helplessness of its members in the successful treatment of diphtheria, yet, in that affection, the disease is, in every way, complete and absolute master of the situation.

A loss of four cases out of six, treated in one family by myself, is no worse a showing than physicians here, and in other localities, are forced to acknowledge; while three cases of death out of three sick in one family is still worse. What, then, can be done in the way of medical treatment, to lead us to hope for success in diphtheria? It is all right to prescribe chlorate of potassæ, quinia, iron, stimulants, nourishment, etc., but still the mortality remains the same.

A careful and persistent local treatment with caustics and disinfectants yields no better results than the treatment with tonics, etc. A combination of both methods still leaves the same death-rate.

Prof. Oertel, in Ziemssen's Cyclopædia, taking the stand that the disease is first purely local, and due to micrococci which have attached themselves to the mucous membrane (generally over the tonsils), warns the practitioner against any interference with the false membrane, lest abrasions be produced through which the bacteria may gain admittance into the system. While not wishing to argue the question as to whether the disease is first local and afterward general, or first general and afterward local, I yet feel confident that Oertel's advice is of great importance, and that possibly many lives may be saved by heeding it.

In the case of a girl of ten years, I used locally, for five days, two or three times in twenty-four hours, a solution of muriatic acid and glycerine. The patches seemed to clean off every day or two, at once, however, throwing out another membrane as thick as the exfoliated one. After a mild cauterization, one morning, a small amount of blood was lost, from an abrasion made on one of the tonsils during the operation.

Inflammatory symptoms, with great swelling of the sub-maxillary glands, sick stomach, and prostration, at once set up, the case terminating fatally in forty-eight hours. The parents claimed that the dangerous and urgent symptoms so suddenly developed were due to the local applications made that morning, and they were content to allow two more children down with the disease, one of which afterward died, to be treated without the local use of caustics. I could but think that death in the case had been at least hastened by the abrasion made with the sponge. The inutility of local treatment in the disease becomes so self-evident to parents and friends, in families that are badly afflicted with it, as to cause them to make much opposition to the further use of such treatment, parents generally saying that it does no good, causes much unnecessary suffering, and that they would rather their children would die without being so punished.

Hospital Reports.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK, APRIL 2d, 1877.

CLINIC OF ALFRED T. LOOMIS M. D.,

Professor of Pathology and Practice of Medicine.

Reported for the Medical and Surgical Reporter, by Dr. P. Brynsburg Porter.

Pneumonic Phthisis.

After exhibiting some morbid specimens to the class (a cirrhotic liver and granular contracted kidneys), Dr. Loomis introduced a male patient, about thirty-three years of age, who stated that he had been sick since the 15th of January, when he caught a cold, which "settled all over him." Patients' ideas about taking cold, said Dr. Loomis, are very indefinite. When asked why he thought this was the case with him, he tells us that it was because he had a cough with expectoration; but we must remember that coughs do not always originate in "a cold." He says that he does not remember having chilly sensations, with sneezing, pains in the back and limbs, or soreness of the throat; but he thinks that he did have some pain in the chest. The first thing, then, that seems to have attracted his attention, was a cough, accompanied by expectoration, which continues up to the present time. About a month ago, he says, he began to have night-sweats, and that he had a cold at that time, which "went all through him." In explanation of the latter expression, he informs us that he had diarrhœa and various dyspeptic symptoms. Thus, you see, he is a little "mixed" in his use of terms; but this you will find by no means uncommon among patients and others. Not long since I was attending an infant who was quite ill, and just after one of my visits one of the servants of the family having occasion to go to the neighboring grocer's on an errand, was asked by him what the doctor thought of the baby, when she replied, "O, he says it has constipation of the brain."

Our patient says he is a grocer by occupation, and that he has been temperate for the last two years, though previously he was not. He has usually enjoyed good health, but eight or nine years ago he had a sore on his penis, which was followed by a suppurating bubo, which broke, and subsequently by an eruption of yellow spots

on the chest, which people told him was syphilis. It seems that his hair came out to a limited extent, but he had no sore throat, pains in his bones, or other indication of syphilis.

Three students were now called down, and on being asked by Prof. Loomis what they thought the diagnosis of the case was, they all agreed that it was chronic catarrhal pneumonia, or phthisis. The patient now being stripped, he continued:—"You will notice that the man is pale, but there is not much emaciation. There is not much to be learned from inspection in this case; but if you will watch carefully, you will see that there is rather less expansive motion on the right side than on the left. On placing your hands on his two shoulders, with the fingers in front, you will notice that vocal fremitus is increased on the right side and diminished on the left when he counts audibly. Percussion in front reveals marked dullness, approaching to flatness, at the right apex. The dullness extends nearly over the whole lung, though it is less and less marked as we descend from the apex, while on the left side there is exaggerated resonance. Behind, the same thing is true, though to a less degree.

Now, gentlemen, on auscultation what do you hear? You find that at the right apex the normal vesicular murmur is entirely absent, and that it is replaced by a blowing or tubular respiration, the sound being heard both in inspiration and expiration. The question is, whether this is bronchial or cavernous in character; is there a dilatation of the bronchia or a cavity present? It is important to decide this, on account of the prognosis, and especially as there is so extensive a portion of the lung involved, and hectic has now set in. (The three students being asked their opinion, the first said that he thought it was bronchial breathing; the second, that he did not know whether it was bronchial or cavernous, as he had never heard the latter, and the third, that he believed it to be cavernous, on account of the character of the voice sounds). The same voice sounds might be heard in bronchial dilatation, but after he coughs you will notice that there bursts up under the ear a number of metallic sounds or râles. This can also be heard when the ear is placed to the back of the chest. Furthermore, we find exaggerated bronchial whisper.

The pulse is somewhat accelerated, but the patient says that, as far as he knows, he never has any fever, though he feels chilly sometimes. The fact that he has night-sweats, however, shows that he must have fever at times. When these are present you will always find that some time in the day the temperature is raised. The chilly sensations also point toward fever.

There is one thing that is curious in this case, viz: that we have no straightforward history of any acute attack, not even any bronchitis or sore throat. From the extensive consolidation of the lung, and other signs here, I should certainly suppose there had been broncho-pneumonia originally. Now, on questioning him more minutely in reference to the commencement of his trouble, I find that he *does* at last distinctly recall the fact that he had at that time violent pain in the right side, accompanied by fever, and that he was unable to lie on that side.

This "missing link," then, makes the case quite clear; for the patient did not give the history of catarrhal phthisis at all, with symptoms antedating all trouble in the lung. He evidently started off with a pleuro-pneumonia at the right apex. Thickening of the pleura is plainly indicated by very great dullness on percussion, and remains of pleuritis can also be detected all over that side of the chest. Resolution did not take place, and then cheesy degeneration commenced, the latter having at length resulted in the formation of a cavity. The amphoric whisper, here noted, is entirely different from that heard in bronchial tubes; and then we have as proof of the existence of a cavity, the explosion of metallic sounds following coughing. From the evidences presented, therefore, I think we can say, unhesitatingly, that the patient has a cavity. The history of the case is clearly against a large bronchial dilatation. It takes six months or more to produce this, and our patient's pulmonary trouble only commenced two and a half months ago. I should judge that the pleurisy had been very extensive, and there was, no doubt, a large effusion. In consequence of the crippled condition of the right lung, the left one has been obliged to perform extra work, and as the result of this we notice exaggerated resonance on percussion, and exaggerated vesicular murmur on auscultation, all over its surface.

Hitherto there has not been much emaciation in this case; but it is evidently commencing. In catarrhal phthisis, as a rule, the process is a much longer one than this, and there are more indications of a failure of vitality present. The cheesy degeneration which is undoubtedly going on here, we are probably to attribute to the extent of lung-tissue involved.

You see, that while we have ascertained the fact that there is pulmonary consolidation, from which the formation of a cavity has resulted, we also reach the conclusion that this is in consequence of an active inflammatory process.

The prognosis is, therefore, much more favorable than it would otherwise have been. In such cases the process of fibrous induration is usually very rapid, and consequently we shall soon have a large amount of cicatricial tissue formed. The cavity will be lined with a pyogenic membrane, and a new condition brought about. If, in the meanwhile, therefore, we can only preserve the patient's strength and keep up his general health, he stands an excellent chance of getting well. If a post-mortem examination should be made in the case, say twenty years from now, we should find the upper part of the lung all shriveled up, with induration and old fibrous bands.

I should recommend him to seek some region of high altitude and pursue a life of regular

habits, with plenty of out-door exercise; and if this plan can be carried out, I think we can expect a recovery. The question of syphilis need not enter into our consideration of the case, as I am of the opinion that the man did not have the disease at all. The history he gives in this respect is lacking in many of the essential points of constitutional syphilis, and I should be inclined to regard the eruption of yellow spots of which he has spoken as simply a pityriasis, dependent on derangement of his digestive system.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY FRANK WOODBURY, M. D.

A Conversational Meeting was held March 14 h. 1877, Professor H. H. Smith, President of the Society, in the chair.

The paper of the evening, on "Venous Congestion as a Pathological Condition, and Blood-letting in Relation Thereto,"* was read by Dr. George H. Hamilton, and a vote of thanks tendered the author.

Dr. Charles F. Wittig, by invitation from the chair, opened the discussion. He remarked that true congestion is always connected with a more or less excited nervous and vascular condition, and consequently cannot be a passive morbid process, the so-called passive cases representing a mere engorgement, or accumulation of blood in the attacked organ. Congestion is but seldom an independent affection, as it is generally connected with some systemic disease. It is present at the forming stage of measles, scarlatina and small-pox, and accompanies these exanthems through their various stages; in typhus it not unfrequently occurs, owing to the peculiar morbid processes going on in the abdomen, chest and head. Recovery from intermittent or remittent fever is not infrequently delayed by congestion of the liver and spleen, giving rise to engorgement and induration of the organ involved.

The causes of congestion being widely different, the treatment must, as a matter of course, correspondingly vary. In the febrile catarrhal affection of either the intestinal canal or the bronchi, accordingly, stimulants are to be avoided, until the irritated, congested condition of the mucous membrane has been relieved by appropriate remedies. Cerebral congestion occurring in small-pox, scarlatina or typhus, indicates stimulant pediluvia, sinapisms applied to the fect, cold local applications, with leeches, or cups, to the nape of the neck, or behind the ears. In a case of scarlatina, in an anæmic patient, the delirium was relieved by cold applications to the skull, while the patient was in a warm bath. Erysipelatous congestion of the subcutaneous capillaries is easily suppressed by the application of collodion, the ointment of nitrate of silver, or tincture of iodine, which, however, is contra-indicated when there is a deeper implication of the cellular tissue, or a threatened metastasis of the process to the brain.

As soon as congestion is associated with inflammation its treatment is entirely that of the latter, viz., antiphlogistic. In any severe case, in which an organ of great vital importance is attacked, such as inflammation of the brain, lungs, pleura, peritoneum, he had nearly always employed venesection successfully, after the failure of other means. In inflammation of lower grade, however, a milder method of treatment may be followed, arresting great nervous excitability by the use of sedatives and depressants, or by diluting the blood and promoting the secretions, and by striving to give more tone to the heart, and allaying vascular excitement.

Dr. Guitéras noticed that in the paper read there was no allusion to one of the most important, if not the most important cause of passive hyperæmia, namely, interference with the heart's action. The passive engorgements of heart disease are, perhaps, the only forms of venous congestion where venesection may be employed, more particularly so if there is threatening œdema of the lungs. The new school of pathology to which the lecturer alluded had found that venous congestion in fever is due simply to failure of the heart's action, from degeneration of cardiac muscular fibres, evidenced by enfeebled impulse and disappearance of the first sound. Subsequent to this the congestion shows itself, and here venesection would be fatal. For this condition there is but one remedy, digitalis, given in full doses, even hypodermically. Under this treatment he had repeatedly seen a failing heart improve. In conjunction with this, quinine and alcohol would be appropriate adjuvants.

The immediate danger in these cases demands prompt treatment, and he believes he has saved life by the hypodermic use of digitaline, one-sixtieth, one-fiftieth, and even one-twentieth of a grain; he had also used the tincture without producing abscess.

It had been said that nature points out the treatment, and that we should imitate the critical hemorrhages by bleeding. But he had never seen critical hemorrhages relieve the passive congestions that threaten life in fevers of a grave character. The *active* hyperæmia of milder fevers is sometimes relieved by critical discharges. The venous engorgement in valvular heart disease is also relieved by epistaxis, or hemorrhoidal bleeding.

In regard to the sudden deaths in the early stages of some diseases, there does not seem to exist evidence to prove that a passive congestion is the cause of death; it does not seem probable that removal of blood would do good, and it is very certain that all treatment is useless.

* See page 347.

When he heard the title of the paper of the evening, it suggested some curious cases of local or unilateral congestions, due to nerve influence. In a case of a dyspeptic, thirty years old, who, immediately after eating a hearty meal, went out into the cold to chop ice, a sudden swelling of the entire right side took place, owing to congestion and rapid serous infiltration of cellular tissue; there were pain and numbness, but no paralysis, and it was followed by complete recovery in two or three days. About ten days later he presented an acute hydrocele of the same side, which has become chronic.

In cases of hemiplegia he had seen congestion of one lung to occur, and had witnessed a sudden effusion into one pleural cavity. In a case now under observation, of a man over fifty years old, with decided atheroma, there had been a slight cerebral hemorrhage, accompanied with vertigo, vomiting, and permanent paralysis of one auditory nerve. The first symptoms have never returned; there is no hemiplegia now, yet if the patient gets a cold, as he expresses it, he only catches it on the one side; he feels chilly in that side; the nasal mucous membrane of that side becomes affected, and he has once had a sudden swelling of the arm of the same side, lasting less than one hour, and occurring on coming out into the cold air.

Dr. Hamilton thought that the cases referred to by the last speaker differed essentially from those in the paper he had read. In the first case mentioned, it would be remembered that there was no fever, and no heart disease, but there were symptoms of suffocation, rapid breathing and weak pulse. When a chill occurs there is strong venous congestion, and with the reaction arterial excitement begins.

He mentioned a case of small-pox that he sent to Dr. Welch, at the Municipal Hospital, where death occurred on the second day of the disease, attributable solely, in his opinion, to venous congestion.

Dr. Wm. Welch could not recollect the case Dr. Hamilton referred to, but had seen a number of fatal cases in the first two days of an attack of variola, where death occurred from the violence of the disease and not from venous congestion.

Dr. Wm. T. Taylor had noticed that since bleeding has become unfashionable, the rate of mortality in pneumonia has decidedly increased.

Dr. Guiteras, in answer to a question as to what constituted full doses of digitalis, said that he had exhibited from half a drachm to a drachm of the tincture, given by the mouth every two hours; the first doses may be even as much as a tablespoonful, or one or two syringefuls hypodermically. He desired to call especial attention to the fact that the congestion at the beginning of acute pneumonia is not a passive, but an active form of congestion; and a knowledge of this fact should govern the treatment. Depletion might be advantageous in the beginning of pulmonary inflammation.

In reply to the remark that in some cases of acute inflammation degeneration of the muscles had not time to take place, he stated that in a case of puerperal fever, where death occurred on the third day of the disease, he had found, by microscopic examination, complete granular degeneration, not only of the heart fibres, but also of voluntary muscles, such as the psoas, and it is probable that this degeneration may take place even more rapidly. In such a case as this, it is easily seen how passive congestions would occur from the weakened heart being unable to propel the current of blood; and it is just as evident that such congestions would require heart tonics, and not further reduction of the system by bleeding and antiphlogistic regimen.

Editorial Department.

Periscope.

The Value of Alcohol in Incipient Mental Disease.

It is well to give the devil his due, and this Dr. J. C. Bucknill, F.R.S., late Lord Chancellor's Visitor, does as follows, in the British *Medical Journal*, from an address before the Medico-Psychological Association :—

I may venture to indicate what I think to be a real aspect of drink in relation to insanity, namely, the causal relation between the occasional use of alcohol, and the prevention or postponement of mental disease.

With men of such wide experience as my present audience, a few considerations will probably suffice to gain me many suffrages in favor of this novel and, I fear, startling proposition; but let us bear in mind many of the commoner moral and physical causes of insanity, the prevailing bodily conditions of the incipient disease, and the necessities of the treatment, and we must, I think, see and admit that this stimulant-narcotic, in such general use, must have a vast and varying influence upon the organisms of men, which is not likely to be invariably pernicious, and which may well be sometimes beneficial and conservative of the mental health.

Consider the great part which grief and anxiety, worry and overstrain, play in the production of insanity, the depressing effects of

poverty, and the failing struggle for existence, of misery in all its forms, and then consider to how great an extent the use of alcohol oftentimes tends to make the burden of life bearable, if not by stimulating the powers, at least by deadening the sensibilities of men; and I think you will agree with me that, by the occasional help of strong drink, a man may sometimes be able to weather that point of wretchedness upon which his sanity would otherwise have been wrecked. The observation of life forbids us to doubt that "wine, which cheereth God and man," according to Holy Writ, doth sometimes blunt the keen edge of misery, so that the wretch is not "cut to the brain," like King Lear. Alcohol, in its physiological action, is *atriptic*, retarding the disintegration of the tissues, especially of the nerve tissue; and, when the brain is wearing itself into madness, alcohol, at the right time and in the right dose, does, without doubt, sometimes check the ebb-tide of reason. Perhaps, a few timely doses of opium might have the same or a better result, if the people of this country were in the habit of resorting to opium to dull their misery and assuage their pain; and in China, opium, although the source of infinite mischief, is also, no doubt, a precious boon to the miserable who may use it aright, either by happy chance or wise direction.

Alcohol, moreover, is not only a narcotic, which may "knit up the raveled sleeve of care;" it is also, according to Anstie, Lauder Brunton, and all good authorities, a food, and as such it plays an important part in the therapeutics of insanity. I have myself no doubt that a moderate use of fermented drink is useful in the treatment of mental disease, not only that a cure, when possible, may be attained *cito, certo, et jucundè*, but that, in incurable cases, the bodily health may be improved, and the mental misery alleviated.

Relief of Pain in Uterine Cancer.

Dr. A. E. Aust-Lawrence, Physician to the Bristol General Hospital, writes to the *Medical Times and Gazette*, March 24th—

I have, unfortunately, generally under my care in hospital and private practice, about from twenty to thirty cases of cancer of the uterus, vagina, or rectum; and the experience of the past twelve months has led me to rely, to a great extent, on the following treatment for the relief of pain:—In cases of medullary cancer of the uterus, and also of advanced epithelioma in the same region, I have been struck with the marked relief often derived from the administration of ergot, in doses of thirty minims every six hours. There is a relief from the intense throbbing which, as a rule, only subsides with each attack of hemorrhage, which, of course, brings with it great exhaustion. I consider the ergot acts in the ordinary way, by lessening the amount of blood in the uterus; and it may also check, to a slight extent, the rapid breaking down of the affected part. A case of medullary cancer in a young woman, thirty-one years of age, was rendered very much less painful by ergot than by any other remedy which was tried. I have a case now under my care, of sarcoma of the uterus, the pain of which is very much relieved by full doses of ergot.

Another drug I have found of great value is croton-chloral hydrate. This, in my experience, has not very much power to lessen the pain at the seat of the cancer, but it is very valuable in lessening the reflected pains in the back, thighs, and groins; and this it has done in several of my cases to a very marked degree. As a local remedy I have found carbolic acid very valuable. I apply it, full strength, by means of a little piece of cotton-wool, through a very small speculum, to the cancerous surface, and then order a lotion with one drachm of the glycerini acidi carbolici to half a pint of water, to be used as an injection night and morning. I have found this drug, used in the way I mention, of great value.

Of course, other drugs suggest themselves to every one, such as opium, Indian hemp, bromide of potassium, etc.; but what I wished to show is that ergot is a very valuable agent in helping to control pain in these cases; that locally I have had better results from carbolic acid than from anything else. I might also add that a very valuable way of relieving pain in these cases is by small blisters in the groins, dressed with an ointment containing morphia.

The Transmission of Sensation.

Our readers are probably aware that Dr. Brown-Séquard denies the doctrine, so long current, that sensitive impressions are conveyed from the right side of the body, so as to pass to the left side of the spinal cord and to go to the brain along that left side. His reasons for renouncing this theory are thus given in a recent lecture:—

On what ground am I entitled to say that each half of the spinal cord receives conductors from the two sides of the body? On this: I had already, in a number of experiments years ago, found some anomalies in appearance refractory to what I tried to establish. I divided, as I thought, one lateral half of the spinal cord, and still sensibility appeared not to be destroyed on the opposite side of the body. If I made a dissection of the animal, then, I generally found that a small amount of the gray matter of the cord had been left, and I concluded that, through a number of conductors left in that remaining small part of gray matter, the transmission of sensitive impressions was able to continue. And as, when you divide the posterior column on one side—and you do that when you divide half of the cord—there is a cause of a great increase of sensibility in the paralyzed parts of the body, it seemed to me that the sensibility had remained and seemed to be great, when in reality it was exceedingly small, being, through that cause of increase,

apparently tenfold what in reality it was. And that shows that unfortunately when we are bent upon a view, with the desire of establishing it, we may go much beyond what is really taught by facts, and sometimes beyond what is rational. I certainly, then, committed a mistake, and I am very glad to say, frankly and openly, to what extent I made it.

There is another reason to show that one lateral half of the cord is sufficient to convey impressions coming from the two sides of the body. When I say another reason, I mean the same fact, but observed in man. There are cases in which, notwithstanding an alteration of a great part of a lateral half of the cord, no anæsthesia took place. There are cases—I mentioned some such in the last lecture—of destruction of one of the lateral halves of the medulla oblongata, and in which anæsthesia was caused, not on the opposite side, but on the corresponding side. And as we cannot admit that in some men there is a decussation of the conductors of sensitive impressions, and in others not—as we cannot admit the existence of such a monstrosity—we must consider these facts as quite decisive in showing that it is not through an alteration of conductors, but owing to some other cause, that anæsthesia appears either on the opposite side or on the same side of a lesion in the cord or the medulla oblongata.

Salicylate of Iron as an External Dressing.

In the Edinburgh *Medical Journal*, of February, Mr. R. Kirk, House Surgeon to the Edinburgh Royal Infirmary, writes:—

Salicylic acid and its compounds have been used, for some considerable time, as antipyretics and antiseptics, and as such have fulfilled very satisfactorily what was demanded of them; but still they had the disadvantage, shared also by carbolic acid, of being in no way astringent, and, therefore, of allowing free capillary bleeding after operation, unless pressure was employed. An astringent antiseptic seemed, therefore, to be desirable, and after experiments with a number of salts trial was made of the salicylate of iron, which seems to have both actions in an almost equal degree.

By adding salicylate of soda to a saturated solution of sulphate of iron, a double decomposition takes place, and sulphate of soda and salicylate of iron are obtained in solution, from which the latter may be easily separated by crystallization.

This is, however, quite unnecessary, as the solution just mentioned is a most convenient form for application, and one which can be prepared in a few moments. Of a bright claret color, with no smell, and with hardly any irritant properties, even when used in strong solutions, it is not so repulsive as some of the more generally used disinfectants and antiseptics. Its antiseptic properties are most easily demonstrated, for urine containing but a small quantity of this salt in solution will remain long free from bacteria when exposed to the same influences as those which are conducive to the life of bacteria generally.

The cases to which this salt has been applied have generally been open sores, often with more or less unhealthy action going on, but in each the progress toward recovery has been very rapid after the first few days. As an illustrative case, I may be allowed to give the following:—

Sarah W., age 67, was admitted into Ward 1, Royal Infirmary, under the care of Mr. Joseph Bell, on October 31st, suffering from two varicose ulcers on the right leg. The larger ulcer, about the size of half-a-crown, was situated midway between the ankle and knee, on the inner side of the limb; and the smaller, the size of a florin, was about two inches lower. The surrounding parts were inflamed, while the ulcers themselves were devoid of granulations, and painful. Rest was at once enjoined, and black wash was employed until the end of November, when the salicylate of iron was employed instead. The ulcers were then as large as florins, and still were almost free from granulations. For the first three days after the solution was employed, there was but little evident progress made, as far as the size of the sores was concerned; but the surfaces became more healthy, granulations formed, and the edges became softer. Cicatrization now followed rapidly, and cure.

The Use of the Sphygmograph in Diagnosing Aneurisms.

At a recent meeting of the Clinical Society of London, Dr. Mahomed exhibited tracings taken from a patient upon whom he had lately proposed to operate, and whose heart and aorta were exhibited to the Society, in which, by the sphygmograph alone, he had diagnosed an aneurism implicating the innominate, and extending into the transverse arch, and in which was found a small aneurismal dilatation of the commencement of the innominate, which was also pressed upon by the chief aneurism situated on the anterior wall of the transverse part of the arch. He also showed tracings from another case, in which an aneurismal dilatation of the aorta before the innominate, and an aneurism beyond that vessel were diagnosed by means of the sphygmograph; and also from one in which a diseased ascending arch, and an aneurism of the transverse arch which just included the commencement of the innominate (the vessel itself being unaffected) were found after death. Dr. Mahomed stated that the signs of aneurism observed in a sphygmographic tracing were: 1. Diminution in volume of the pulse-wave. 2. A sloping up-stroke. 3. Impairment or annihilation of the percussion element. 4. Partial or complete obliteration of the dicrotic and other secondary waves. 5. General diminution, but sometimes increase, of the amount of pressure required to develop the tracing If all or some of these characters were found in the pulse on the right side, and not on the left, the aneurism was of the innominate; if in

the right, and partly in the left side, it was of the innominate and transverse arch; if in the left only, it was of the transverse arch or root of the subclavian; if the signs were only partially present, and equal on both sides, it was an aneurism of the ascending arch; if all were strongly marked, and only on one side, it was probably directly in the course of the subclavian artery, and would not be found involving the aorta.

On Melanuria.

Some researches on this subject have recently been made by Drs. Ganghofner and Pribram, adverted to in the *Lancet*, March 10th. They found that the proportion of coloring matter was inversely as the quantity of urine eliminated in the twenty-four hours, and, therefore, directly as its density; but no relation could be made out with the temperature of the body, rapidity of respiration, or amount of alvine evacuation, etc. Analysis showed an increase, above the normal, in the quantity of indican contained in the urine; but the dark color of the urine is due, not to this substance, but to melanin, which, unlike indican, is precipitated by acetate of lead. Melanin is a peculiar pathological product, analogous to the melanotic pigment of the tumors, and not due to deranged hepatic function. At least, these writers say that, in observations of various instances of hepatic disease, other than melanosis—observations extending over a period of ten years—they have not met with this peculiar pigment in the urine. They signalize also the curious fact that the coloring matter may become diminished in quantity, and even disappear from the urine, during the progress of the melanosis.

Shall we Use Cold or Warm Water Dressings?

This point is discussed by Professor Hebra, in a lecture translated in the London *Medical Record*. He believes that temperature between say 10° and 105° makes little difference. Cold compresses act in precisely the same way as warm upon an inflamed skin. If erysipelas, or boils, or carbuncles, or any other inflammation be treated with hot or cold applications, even with hot poultices or bladders of ice, the course of the disease remains the same; it is neither hindered by cold nor hastened by warmth. The controversy, which method of treatment is the best? will never be decided, because each observer depends on his own experience, which generally applies only to one or the other method, while he regards the opposite as dangerous—"*und darum perhorreszirt.*" But I have often made experiments with both plans of treatment. I have treated boils and carbuncles with ice-bladders at 19° Cent. (66.2 Fahr.), and with poultices at 50° Cent. (140 Fahr.), with precisely the same results; so that at present I am entirely guided by the feelings of the patient in the matter. One is fond of warmth, while another cannot bear it, and is sure that he will be relieved by a cold application. We must therefore accede to the wishes of our patients, with the conviction that in neither case will any harm be done.

What I have said of water-dressings applies equally to hydropathic packing. Whether the sheet be dipped in cold or in warm water, the amount of irritation of the skin depends on the time of the application, and on the degree of sweating it produces; and when there is much sweating, sudamina follow.

Reviews and Book Notices

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Hammond has in preparation—"On the Influence of the Maternal Mind over the Offspring During Pregnancy and Lactation." By William A. Hammond, M. D., Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of the City of New York.

In this work the author discusses the influence exerted by the mother, during pregnancy and lactation, on the physical, moral and mental characteristics of her offspring. A notable feature is the section devoted to the consideration of the many points relating to anti-natal education, for Dr. Hammond believes, and facts appear to warrant the conviction, that it is before birth that the training of the child should begin.

——Dr. Mary Putnam Jacobi's new work on "The Question of Rest for Women During the Period of Menstruation," is nearly ready. It will be illustrated with fifty sphygmographic traces, showing the variations in arterial tension, and will contain the results of 250 urea analyses of urine.

——*Littell's Living Age*, always good in its historical and scientific reviews, has, at this time, an especial attraction, in McDonald's "Marquis of Lossie."

——*Scribner's Monthly*, of March and April, is full of interest. "Farmer Basset's Romance" closes with a touch of nature such as few can give as truly as Saxe Holm. Dr. Holland's "Nicholas Minturn" increases in interest. Good, however, as the serial stories are, they are quite equaled in interest by the descriptive and scientific.

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SHALL WE DECEIVE ABOUT THE PUBLIC HEALTH?

A question in casuistry not unfrequently presents itself to the physician whose position connects him with the care of the public health. It is this—when a dangerous epidemic disease is prevailing in the community, is it better for the actual nature of the disease to be concealed and the number of deaths from it to be fraudulently stated, or not?

In a general way, this involves one of the nicest points in casuistry, one which has been very earnestly discussed, to wit, is it morally right, under certain circumstances, to tell a lie? Because—there is no use mincing terms—such concealment, such prevarication, such fraudulent reports, are downright lies, neither more nor less.

For example, there were last fall a number of yellow fever cases in Baltimore. They were so reported by the attending physicians, and not a competent observer in the city had any doubt of the fact. But the Health Board states publicly that they were simply typho-malarial cases, and entered the deaths under that head, positively denying that there was any yellow fever in the city.

The opinions on this action may be, with all fairness, quite diverse. The editor of the Baltimore *Physician and Surgeon*, who saw a number of cases, and was perfectly convinced they were yellow fever, and reported them as such, gives his views, as follows, on the action of the Health Commissioner:—

"We decidedly think that, in view of all circumstances, the universal terror and consternation which the official announcement of the presence of yellow fever in our midst would have produced, and the immense injury to the commerce of Baltimore such an announcement would have wrought, he was perfectly justifiable, *at that time*, in asserting that the disease was not yellow fever. It must be borne in mind that the fever was limited to a small section of the city, comprising only a few blocks, and in a neighborhood which no visitor or stranger in Baltimore would ever think of visiting; and, therefore, even admitting the disease to be contagious (which is positively denied by those best qualified to express an opinion), there would not be the slightest danger to any one visiting the city either for business or pleasure. It should be remembered, too, that the most energetic measures were adopted to stamp out the plague. Persons were warned away from the infected locality; nearly every case was removed from the city as soon as discovered, with every member of the family or dweller in the house; the most thorough cleansing and disinfection of houses, yards and streets was resorted to, and all furniture supposed to be infected was taken out and burned, at the city's expense. It was scarcely possible, therefore, that any injury could result to any one anywhere, by concealing the true nature of the disease, while very great injury would inevitably have resulted to a large number of people, and even the number of deaths been greatly increased, by publishing it; for it is well known that in every epidemic of this character fear kills almost as many as are destroyed by infection. For these reasons, therefore, we think Dr. Steuart was perfectly

justifiable in assuring the public, both in and out of the city, that the disease was not yellow fever, etc."

In other words, this was a case where it was right to lie.

That there are such cases, most writers on ethics admit. Archbishop Whately quotes the instance of the wife of Grotius, who, when the Spanish soldiery were seeking with intent to murder him, denied that he was in a chest where, in fact, she knew he was concealed. John Henry Newman goes so far as to defend the opinion that a lie, on some occasions, conveys a more correct idea than would the truth itself, as in explaining matters beyond their comprehension to children. So, in war, deception and falsehood are absolutely necessary to carry on successfully murder by wholesale.

But in regard to making death returns, we avow the opinion that a lie is out of place; that it is neither right, nor yet expedient. For instance, will the slightest credit be attached to Baltimore's health returns next summer, should an epidemic break out? Even if the Board tries to tell the exact truth, will it be believed? Not at all. Having forfeited its reputation for veracity, no dependence will be placed upon it in future. The grossest exaggerations will be credited, and tenfold more damage may thus be done than could have happened last fall by taking the plain and honest course.

It is, in our opinion, a most narrow, ill-advised, and short-sighted policy, to conceal from the public the prevalence and character of epidemic diseases. It prevents proper precautions; it shakes confidence in medical men; it casts discredit on the profession. The local and ephemeral advantage gained by fraudulent representation is forfeited, over and over again, by the ultimate and general bad results. The lie of the wife of Grotius has done more injury, by serving as a pretext for falsehoods, than the preserving the life of her husband did good. So it always is. Never has a falsehood proved of ultimate advantage. "It is not, and it cannot come to, good." We like better what Dr. James Holt, Sanitary Inspector of New Orleans, says:—

"A frank expression of truth should always predominate over every influence, from whatever quarter it may be brought to bear. This will establish a perfect reliance in our statements, at home and abroad."

Notes and Comments.

Jaundice from Pork and Beans.

A severe epidemic of jaundice broke out in a portion of the German army a few years ago. The staff surgeon, Dr. Köhnhorn, proved that the cause of the epidemic was a preponderance, in the rations of the affected regiment, of pork and dried peas and beans; and also that the number of cases in the battalions attacked was directly proportional to the quantity of these articles of food supplied to the men.

A cavalry regiment of 1240 men, which was able to obtain occasional supplies of fresh vegetables and potatoes, and especially salad made with dandelion (*Leontodon taraxacum*), had not a single man on the sick-list from jaundice. Dr. Köhnhorn mentions other instances of similar epidemics, and his paper is well worth the perusal of military surgeons. It is found in the *Berliner Klin. Wochenschrift*, Feb. 1877.

Physical Geography in Relation to Sanitary Science.

Mr. Alfred Haviland, M. R. C. S., read, at a meeting of the London Social Science Association, an interesting paper on "Physical Geography in relation to Sanitary Science, and the Valley System in relation to Disease." He observed that in inhabited valleys there was often to be found much rheumatism, which frequently ended in heart disease. The cause of that was that valleys did not get sufficient fresh air, which was so important for vigorous life. The winds blew over them, not through them; and consequently emanations from the soil hung about, instead of being dispersed. As a rule, the cottages of the poor and the mansions of the rich were found in the trough of valleys, and it was impossible to calculate how many an old family had been deprived of the most promising of their scions by adhesion to an ill-sited family mansion as a home. A discussion followed, in which Dr. B. W. Richardson took

part, testifying to the great value to medical men of Mr. Haviland's maps, as they enabled them to learn whether the disease was the effect of meteorological influences. He thought that at least twenty-five or thirty distinct diseases might be traced to that source; and among them he would place croup, influenza, erysipelas, scrofula, remittent fever, rheumatism, phthisis, bronchitis, pleurisy, lung diseases, fistula, calculus, and possibly some malformations. That is a serious list, and the subject deserves much consideration.

Foolish Modes of Salutation.

The various forms of greeting by bodily contact, such as shaking hands, kissing, and rubbing noses, all equally absurd, are also all to be condemned by the hygienist. Mr. Gibbons, in a lecture delivered before the Australian Health Society, points out the danger that is often incurred by the general practice of kissing children by all persons who come in contact with them. In this way, he says, diphtheria, scarlatina, and other diseases are often conveyed. We may add that adults occasionally contract syphilis from kissing. Hand-shaking conveys itch and the like. Such senseless modes of salutation are probably survivals of a primitive barbarism or brute ancestry.

Substitute for Quinine.

Dr. P. H. Bailhache writes us:—

In view of the extraordinary increase of the market price of quiniæ sulph., I would call the attention of the profession to a very simple but very effective substitute for the cinchona alkaloids, so far as the same are applicable to the arrest of fevers of a simple character (quotidian, tertian, and quartan agues). I refer to ipecacuanhæ pulvis, in one-grain doses, given three or four times a day. It should be taken in pill form, as more agreeable to the stomach.

Increase of Parasites in Paris.

From the late investigations of Professors Lasegue and Regnauld, on the consumption of medicines in the Paris hospitals, it appears that the marked increase of *tæniafuges* corroborates the fact clinically observed for some time past, that the prevalence of tænia has greatly increased in Paris. Comparing the five years which preceded and the five years which followed 1870, the consumption of *kousso* increased from four to five kilos.; of *pumpkin seeds*, from three to five and a half kilos.; of *pomegranate bark*, from thirteen to fourteen kilos.; and of *male fern* from five to twelve kilos. From the doses having continued much the same, it may be concluded that the number of patients treated for tænia in the Paris hospitals has doubled within the last five or six years. Other anthelmintics employed for the treatment of ascarides, lumbrici, etc., have continued stationary in the amounts consumed.

Correspondence.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

By an Invalid Physician.

No. XIII—CLIMATIC CALIFORNIA.

(*Continued from No.* 1051.)

Ed. Med. and Surg. Reporter:—

Nearly due east from Los Angeles, distance fifty-six miles, fare by rail $3.00, we come to Colton. This is the station for the town of San Bernardino, which is in a valley three miles to the northeast, and for Riverside, a new and flourishing town six miles to the southwest. Between Riverside and the sea a range of mountains, the Temescal, intervene. On the eastern slope of these mountains are some pleasant resorts where there are hot springs. The plain between the San Bernardino and Temescal ranges of mountains is exceedingly healthy, and abounds in game. Partridges particularly flock by the hundred. All this country is fit for grazing and fruit producing, but irrigation is necessary to call forth the nourishment of the soil. The town of San Bernardino is a sleepy, dead-and-alive kind of place, founded by the Mormons. It lacks a good hotel, and intermittent fever is said to flourish there in the fall. I would not recommend it as a residence for the consumptive, as it is in the bottom of a valley, with water-saturated land around. On all sides arise the mountains, and after once being in, you wonder where you entered the valley. On the flank of Mount San Bernardino, 1800 feet above sea-level, I spent pleasantly a number of days. The only trouble is, the walks are too hilly for the invalid to get enough tramping space. There are a number of hot springs here, whose temperature varies from 108 to 172° Fahr. The hot waters are pure and calcic, with traces of aluminia, iron, and phosphorus. Several "resorts" are advertised at these springs, but the invalid had better try them before engaging a season's board. A gentleman who had been spending a portion of the winter on the mountain furnished

me with the following temperatures he had taken :—

Slope of San Bernardino Range, at Waterman's Hot Springs. Facing South and West. Elevation 1800 *feet.*

1877.	6½ A. M.	NOON.	8 P. M.
Jan. 19th.	44°	62°	52°
" 20th..	48	68	47
" 21st..	46	63	50
" 22d.	46	64	54
" 23d..	52	60	65
" 24th..	52	62	51
" 25th..	47	56	67
" 26th..	52	70	56
" 27th..	53	70	54
" 28th..	50	54	52
" 29th..	50	65	54
" 30th..	47	67	56
" 31st..	51	68	60
Feb. 1st...	54	76	61
" 2d...	56	76	69
" 3d....	62	74	65
" 4th..	65	70	72
" 5th..	53	65	67
" 6th..	54	71	50
" 7th..	50	71	60
" 8th..	56	70	60
" 9th..	51	75	54
" 10th.	50	64	52
" 11th.	48	67	57
" 12th.	53	70	50
" 13th..	46	70	55

On only one of these days was there rain, January 16th. This table forms a marked contrast to one which I shall give in a future letter, for the same season, in the Adirondack Mountains in New York; and yet at the latter place a little colony of consumptives were passing the winter with marked benefit. Both the California and New York ranges of mountains have the common element of dryness—one dry cold, and the other dry heat. The more I see of climate, the more I am convinced that dryness of atmosphere is an aid, and dampness an obstacle, to the out-door treatment of lung affections. In the neighborhood of Fort Yuma rain may be considered a curiosity, the average yearly rainfall being but three inches. Blodgett, in his work on Climatology, states that but a very low proportion of the residents of California are subject to consumption. The California and Mexican Indians one meets in the southern portions of the State, who camp out the year round, are fat and muscular looking. This is notwithstanding the fact that their diet is none of the most abundant or nutritious, for they are lazy, and in California, as elsewhere, the fat of the land does not fall upon the sluggard's table.

From what I have written, it follows that climatic California, on coast, plain, upland, valley and mountain, offers, within easy traveling limits, a variety of suitable winter climates for the pulmonary invalid.

With regard to the summer, I have to give you, at present, information in place of observation :—

Mr. Ben. Trueman, editor of the Los Angeles *Star*, in his work, entitled, "Semi-Tropical California," says :—"From May to October, inclusive, the thermometer in Los Angeles seldom rises above 90°; and that this heat is tempered by cooling winds from the ocean, between meridian and sunset, and by breezes from the mountain gaps during the night."

Another writer states that he slept under blankets, in this region, the summer through, and was never troubled by a mosquito."

Meat hung out in the open air dries, but does not putrefy; and so with the carcases of animals.

Sunstroke is uncommon, even at temperatures above a hundred; and there is that elasticity and lightness of atmosphere that renders out-door work eminently bearable all summer.

The cool nights refresh from whatever fatigue the day may generate; and the absence of rain all summer robs camping-out of its chief unpleasantness. The only flaw in the summer climate seems to be the amount of dust collected on the roads, in the long, dry season. A ride through pulverized dirt is not advantageous, even to lungs the most robust.

Still, if the patient's purse will afford it, it is not far, in summer, to those most delightful and healthful resorts—the big trees of Calaveras, the Yo-semite valley, the camping grounds of Mount Diablo, the shores of Lake Tahoe, the geysers of Napa, or the trout streams and forests of Northern California.

What I have seen of California convinces me that many of its counties are convalescing wards in Nature's great hospital, wherein, in never-failing fullness, are light, and warmth, and delicious purity of air.

The Abortive Treatment of the Cold Stage of Intermittent Fever by the Nitrite of Amyl.

Ed. Med. and Surg. Reporter :—

Since the publication of my communication to the *Medical Times*, July 31st, 1875, on "The Nitrite of Amyl in Hysterical Convulsions, The Cold Stage of Intermittents, and Chloroform-Narcosis," I have had the opportunity of using and watching the effects of this remedy, as an abortive treatment in the cold stage of intermittents, with success. I propose to give to your readers my experience of this remedy, by reporting some cases of chronic chills.

Case 1.—Was called to see Maggie C., Irish girl, aged 23, August 20th, 1875. This patient was suffering with malarial cachexia, as she had contracted the chills in July, 1874, and had them, with intermissions of two or three weeks at a time, up to the time I saw her. I found her with the sixth distinct paroxysm or chill the same day, subintrant in form (when the second chill begins before the first is terminated); with suppression of the menses for some months; œdema of the feet

and legs; dry skin, with its papillæ projecting, giving that appearance called goose-skin. The face and extremities of a bluish tint, with a small, feeble, frequent and irregular pulse, showing great embarrassment of the arterial circulation, great anxiety, marked oppression, intense thirst, the tongue dry and bluish, with fits of vomiting. I gave her, by inhalation, ten drops of the nitrite of amyl; in a few seconds it caused flushing of the face, great arterial excitement, and complete reaction took place in twenty minutes, and the chills of a subintrant form were aborted. Before complete reaction took place, I gave thirty grains of quiniæ sulph., and repeated the same dose in ten hours, which broke up the chills. With good food, cod-liver oil, quinine and iron, continued for six weeks, the patient recovered, without a relapse.

Case 2.—Was called to see a young man from Delaware, October the 25th, 1875, with tertian varieties; had the chills for three months; found him with a violent chill; vomiting green bile; feeble, frequent and irregular pulse; great thirst; spasm of the abdominal muscles, which caused him to cry out with pain. I gave him the nitrite of amyl by inhalation, eight drops, which checked the vomiting, relieved the spasm of the abdominal muscles, and aborted the chill in fifteen minutes. I gave him immediately twenty-five grains of quinia sulphate, which he retained, and repeated the same dose in eight hours, which broke up his chills, and by the daily use of quinine and iron for four weeks he was cured without a relapse.

Case 3.—Was called to see Annie C., aged 22, German, January 6th, 1876; contracted the chills while living in Camden, N. J., in the spring of 1875; was a complete case of malarial cachexia, with œdema of the feet and legs; puffiness of the face and eyelids; urine albuminous, with a suppression of the menstrual flux. I found her with a chill, bordering on the algid type; violent shivering; the tongue icy cold; the skin when pinched up retained its fold, as it does in the algid stage of cholera morbus; thirst intense; extreme anxiety, with a cadaveric expression of face; the pulse extremely feeble. It looked like a hopeless case; I had placed along the body and legs hot bricks, with sinapisms to the extremities and along the spine; gave her, by inhalation, ten drops of the nitrite of amyl; the second dose of ten drops was repeated in five minutes, which caused flushing of the face; and reaction was complete in fifteen minutes. I gave her twenty-five grains of quinia sulphate at one dose, and ordered thirty grains to be given in ten hours, which broke up the chills. As this patient was suffering from malarial cachexia, I ordered her quinine and iron, extract of malt, cod-liver oil, with good food, eggs, beef, milk, oysters, butter. After the lapse of eight weeks she had completely recovered, and is to-day a stout, healthy young woman.

Remarks.—In the cold stage of intermittent fever the flow of arterial blood to the skin and extremities is impeded, the skin looks pale, and as the blood is driven back into the veins and capillaries, the ends of the fingers, toes, and lips look blue, with complete anæmia of the skin, which has a waxy appearance, the fingers and toes have no feeling, and do not bleed if wounded. During the cold stage the temperature is above normal, although the patient is trembling violently with the feeling of intense cold. The thermometer placed under the axilla will mark 101°, 102°, and even rise to 106°, as it did in Case 3. The nitrite of amyl, when inhaled, acts on the heart and circulation, by producing violent action of the heart, throbbing of the carotids, with dilatation of the capillaries, thereby driving the blood through the capillaries to the contracted peripheral blood-vessels of the skin, and aborting the chill, which we try to do by stimulants and the application of heat, and sinapisms to the extremities. In the pernicious intermittents of the South and West, where the patients, the system being overwhelmed with the malarial poison, often die in the first chill, I would suggest that this potent remedy should be tried as a means of bringing about a speedy reaction when all others have failed.

I have given the sulphate of quinia in decided doses, for the reason that I have found that patients suffering a long time from malarial poison are not so susceptible to the influence of the quinia as persons in health, or patients with their first attack. My object is to make an impression on the system at once, and also I give it for its antipyretic effect, to bring down the temperature; so by giving the quinia from twenty-five to thirty-five grains at one dose, you bring your patient at once under the influence of the drug, and also you get the antipyretic effect of the drug. On visiting my patients next day, I found them with temperature and pulse normal; skin and tongue moist, with profound cinchonism, and feeling comfortable; and in not one case reported did any one of them have another chill or a relapse, as I kept them under the influence of the quinia from seven to fourteen days—that is to cinchonism.

Rufus K. Hinton, M. D.
1406 *South Eighth street, Philadelphia.*

Ignorance of Pregnancy.

Ed. Med. and Surg. Reporter:—

Noticing in the Reporter for 24th of March last, a communication from Dr. Butler, headed, "Can a woman carry a child to full time, and not be aware that she is pregnant?" I answer, I believe she can, and as one of the reasons for my belief, I will give the history of a case that occurred in my practice.

August 1, 1867, Mrs. C., a married lady, and the mother of three children, consulted me, stating that she had last menstruated about the last of January, and had seemed to be gradually declining since that time, although not sick enough to be in bed. Yet some part of the time, and particularly for the two or three

weeks just past, she could not be up more than half of the day; perhaps in the morning she would feel quite well, and go about her household duties until 9 or 10 o'clock in the forenoon, when she would become so weak and faint that she would be obliged to lie down for two or three hours, when she could again get up, eat a moderately hearty meal, and be about the house again for two or three hours, when she would have to retire.

On examining my patient, I found the skin somewhat sallow; temperature and moisture natural; breasts not enlarged, and the areola about the nipples not discernible; tongue clean, with some little enlargement of the papilla. Pulse 70. Appetite rather poor; bowels constipated.

I stated to her that I thought it quite likely that her troubles arose from pregnancy, but she insisted that it could not be; for if that were the cause, it must have existed for over five months, and she had felt no motion. There was no enlargement of the abdomen, neither did she feel, in any way, as she had in former pregnancies. Having very fastidious notions of propriety, she refused to submit to a more thorough examination, and I dismissed her, giving her elix., strych., pep., and bis., with iron, in conjunction with an aperient.

Returning in about two weeks, she reported but little benefit derived from the treatment, and insisted that I should give her medicines that would bring on the menses; that she was confident that she was not pregnant, as there was yet no enlargement of the abdomen, nor had she felt the least motion of a child, but on the contrary, she was becoming very much afraid, if she did not get her monthly periods re-established, that she would become dropsical, as the only position she could assume in bed, with comfort, was upon her back; that whenever she lay upon either side, she was constantly distressed by the sensation of water dropping from the upper into the lower side. I again dismissed her, with but little change in treatment.

On the 5th of October following her husband came to me, stating that his wife and all the friends were very much alarmed about her condition, and that they were all satisfied that I must be mistaken in my opinion as to the cause of her troubles, and wished me to visit her. This I refused to do unless she would consent to my bringing another physician with me, and would submit to whatever examination we might deem necessary. On getting her assent to these demands, I called to my assistance Dr. F. S. Dodds, of Anna, Ill.

On visiting our patient we found the general appearance about as before described. The abdomen presented but very little appearance of distention or enlargement; the walls were not tense, but the cavity evidently contained a comparatively solid body, extending from the pubic bones above the umbilicus. A vaginal examination revealed the neck of the uterus obliterated, the os dilated to the size of a silver dime, readily admitting the tip of the finger until it met the tense membranes, through which could easily be felt the firm bony resistance of the head of a child, of which she was safely delivered, in the natural way, on the 30th day of October, 1867, making a speedy recovery. The child was a fine, healthy boy, weighing over ten pounds, and is yet living and in good health. I am confident that the mother's statements are entitled to full credence, for there was no motive for concealment, neither was there any reason why she should misrepresent her true feelings.

Cobden, Ill. B. F. Ross, M. D.

Puerperal Convulsions.

Ed. Med. and Surg. Reporter:—

In the Medical and Surgical Reporter of April 7th, 1877, Dr. Mattison asked, "What caused the convulsions in the mother?"

Dr. Loomis says, in a very similar case, careful post mortem failed to reveal the cause.

In both cases convulsions were caused by paralysis of vaso-motors, induced by labor resulting in stasis of the blood current in the brain.

Had Dr. Loomis made horizontal slices of the brain he would have found the puncta larger and darker than in health. Either case would have been relieved by a two-drachm dose fl. ext. ergot. George Sumrall, M. D.

Wintering at the Seaside.

Ed. Med. and Surg. Reporter.

The delightful and health-invigorating effect of the cool sea breezes allure great numbers to our watering places during the summer months, but comparatively few have been led to seek these resorts in the winter season.

The fact seems to be established that great benefit may reasonably be expected by invalids making a winter sojourn at the seaside, and that in many cases entire relief may be obtained. Theory and fact are here in unison. The isothermal gauge must necessarily be more equal on the sea coast than inland. The waters of the ocean change their temperature less suddenly and less frequently than do the mountains. Consequently the breezes that sweep over them are more uniform in their degree of heat and cold, and never reach so high an extreme in either direction. The sudden changes of atmosphere common to all places remote from the sea shore are active agents, both in superinducing disease and in aggravating diseases which already exist. The most healthful localities known are those in which the atmospheric temperature is least variable, and hence many eminent physicians, convinced beforehand of the propriety of such a course, have adopted the practice of sending patients to the sea shore as well in the winter as in the summer months.

The results thus far have so fully equaled ex-

pectations as to justify the experiment. Now, if a sojourn at the seaside be good for those who are out of health, it must, by parity of reasoning, be good for those who wish to preserve their health. Hence, it is plainly the part of wisdom for all those whose occupations and means will permit to spend some portion of the winter months within sound of the "breakers." The hotel proprietors are waking up to this new demand of the "invalid brigade," and many already keep their houses open the year round.

At Sea Grove, Cape May Point, New Jersey, one of the most delightful places of resort, fine accommodations were furnished all winter. The same thing was done at Cape May and Atlantic City. We may, therefore, confidently expect that the number seeking these resorts will be greatly increased, and that ample winter accommodations will be provided for all.

J. F. Bird, M. D.

Sea Grove, N. J., April 14th, 1877.

The Niggard Outwitted.

Ed. Med. and Surg. Reporter:—

The following true little story, done into rhyme, may amuse some of your readers, who, doubtless, have suffered more or less from "the withholding of that which is due."

A London doctor, bold and nice,
Who knew the value of "advice,"
And charged five guineas as his fee,
Was called, a niggard lord to see.
Into his chaise the doctor flung,
Arrived, felt pulse, and looked at tongue,
Hum'd, and prescribed.

The visit ended,
His lordship then his hand extended:
The man of physic, all alive,
Could *feel* three guineas were not five,
So quickly dropped them on the floor;
A simple accident—no more!
The guineas soon his lordship sees,
Returns them, too, with graceful ease;
But still, the doctor on his knees,
Searches the carpet o'er and o'er.
His lordship, standing stiff and tall,
Cries: "Doctor, sure you have them all?"
Quoth he: "Why no; as I'm alive
I have but three, and there were five!"
My lord submitted to his fate,
And made the three, five guineas, straight.

R. H. G. Osborne, M. D.

Bedford, Pa., February 23d, 1877.

News and Miscellany.

Correction.

The heading of Dr. Porter's article, No. 1050, should have read G. E. Porter, M.D., of Lonaconing, Md.

Death from Nitrous Oxide.

The following case is reported in the *Medical Times and Gazette*, of April 7th. As it is of considerable importance, on account of the extended use of the anæsthetic, we quote it in full:—

An inquest was held last week, at Manchester, on the body of Mr. George Morley Harrison, aged fifty-three, a surgeon in good practice, and formerly lecturer on Medical Jurisprudence at the Manchester Royal School of Medicine, who died whilst under the influence of nitrous oxide gas, administered at his own request previous to having a tooth extracted by a neighboring dentist. Mr. Harrison, it appears, being unnerved and excited, partly from the suffering he had undergone, and partly owing to the want of proper food, which the condition of his mouth had prevented him from taking, insisted on the inhalation being pushed until he should snore, and—for, at any rate, part of the time—held the mouthpiece in his own hand, and inspired very vigorously. The first attempt at extraction was made before he was fully insensible, and was abandoned until more of the gas had been given. Eventually, however, two teeth were removed. The patient did not appear to be coming round properly after the operation, and the dentist, taking alarm, sent for medical assistance. On the arrival of a surgeon, Mr. Harrison was pronounced to be quite dead. At the post-mortem examination there was found some fat about the heart; the cavities on the right side were distended with blood, while those on the left side were empty. The lungs on both sides were gorged with dark blood. All the other organs were healthy.

The jury came to the conclusion that the deceased "died from syncope, during the administration of nitrous oxide gas for the extraction of teeth, whilst laboring under fatty degeneration of the heart."

A Reputed Centenarian.

Captain Lahrbush, a well-known inhabitant of New York, died April 2d, at the reputed age of 111. According to his own story, he was born in 1766; entered the British army in 1789; served with the Duke of York, with Cornwallis, with Nelson, and with Wellington; witnessed the interview between Napoleon and Alexander, which led to the peace of Tilsit in 1807, and finally, after a service of twenty-nine years, sold out his captain's commission in the Sixtieth Rifles in 1818. Unfortunately the records of the London war office are open to inspection, and from these it appears that the commission of Ensign Lahrbush in the Sixtieth Rifles bears the date of 1809—just twenty years later than he put it—and in the army list of 1829 the name of Lieutenant Lahrbush, of the Sixtieth, appears under the head of "cashiered."

The Medical Department, U. S. A.

By direction of the Secretary of War, the following changes in the stations and duties of officers of the Medical Department have been made:—Surgeon Alfred A. Woodhull relieved from duty in the Department of the South, and ordered to report to the commanding general of the military division of the Pacific, for as-

signment to duty in the Department of California. Assistant Surgeon Calvin Dewitt is relieved from duty in the Department of the South, and ordered to Philadelphia, to report by letter, upon his arrival there, to the Surgeon General. Assistant Surgeon, R. V. De Hanne and Ezra Woodruff have been relieved from duty with Military Division of the Atlantic, and ordered to report for duty to the Commanding General Department of Texas. Assistant Surgeon Alfred C. Girard has been ordered to report in person to the Commanding General Department of Dakota, for assignment to duty. Assistant Surgeon William H. Keny has been relieved from duty in the department of the South, and ordered to report to the Commanding General Department of Dakota.

An Excellent Example.

The County Medical Association of Madison county, Iowa, having resolved not to bid individually for the pauper practice of the county, made an appeal to the Supervisors to make the Society an offer to attend the county poor. This was done, and the offer accepted. The labor is equitably arranged among the members, and the proceeds paid into the treasury of the society, to be expended for books, etc., as shall be decided by vote.

Personal.

—Dr. Wm. B. Atkinson has been appointed, by the faculty of the Jefferson Medical College, lecturer on diseases of children, in the Summer Association of the College.

—Passed Assistant Surgeon H. C. Eckstein has been ordered to the Naval Asylum in this city.

—H. W. Post, M. D., has recently been appointed resident physician of the city hospital, Hartford, Conn.

—Dr. R. H. Green, of Hoosick, N. Y., was thought to be dead, and his body was placed in a vault about two weeks ago. As he narrowly escaped burial while in a trance several years ago, his wife was requested to visit his body until no doubt of death existed. Signs of life were noticed after ten days, and the body was removed from the vault.

Obituary Notes.

—Dr. S. L. F. Simpson, of Concord, N. H., died March 17th, having been confined to the house but a few days by rheumatism, so that his death was wholly unexpected. A post-mortem examination showed the cause of death to have been apoplexy of the lungs.

—Dr. Henry Crouse, until recently one of the most prominent physicians of Syracuse, New York, committed suicide April 20th, while temporarily insane, by throwing himself from a second-story window at the University Hospital in this city, where he had been under treatment. Dr. Crouse was a graduate of the University of Pennsylvania, and was fifty-four years old. He resided in Syracuse for many years, where he held a position in the front rank of his profession. He was in charge of St. Joseph's Hospital in that city until about eight months ago, when he was thrown from his carriage and severely injured in the head. Since then he has been subject to epileptic fits, and came to this city for treatment.

—Dr. N. H. Cary, father of Miss Annie Louise Cary, died in Durham, Maine, at the age of 70 years. He was a physician in active practice in Wayne, Durham and Gorham, until he began to be afflicted with cancer in the cheek, since when he has lived in Saccarappa and Durham.

—Dr. Joseph W. Freer, a distinguished Chicago physician, and for a long time president of the Rush Medical College, of that city, died on Friday, aged 61 years.

Items.

—A meeting of the Provisional Association of American Medical Colleges will be held at the Palmer House, Chicago, on Saturday, June 2d, 1877, at 10 o'clock, A. M. All colleges represented at the meeting of the Association held June, 1876, are invited to send delegates to the ensuing meeting, and all chartered medical colleges in the United States recognized as "regular" by the colleges already represented in this Association, are also invited to send delegates from their Faculties to the said meeting. J. B. Biddle, M.D., *President.*

—The Medico-Chirurgical Society of Eastern Ohio met April 5th, and elected the following officers for the ensuing year: President, C. E. Kurz; Vice-president, L. O. Edwards; Secretary, S. T. Satterthwaite; Treasurer, W. S. Fisher. A motion that the Society meet in Bellaire each alternate month was carried. The next regular meeting will be held in St. Clairsville, in May.

—A Roman society for the defense of family principles has just awarded the civil crown to a lady named Mme. Bouilett, who has given birth to her thirty-sixth child.

—The State Board of Health of Wisconsin have prepared a circular on scarlet fever and diphtheria, for general distribution in the State.

QUERIES AND REPLIES.

Nemo.—You should place yourself under the charge of a respectable regular physician. We do not give advice through this journal.

Beta.—Bernard & Huett's *Operative Surgery* will be complete in eight or ten parts. For price, etc., apply for descriptive catalogue, at this office.

Mr. Editor:—Will some of the readers of the Reporter give a treatment for obstinate pityriasis? I have exhausted all the usual recommendations in vain. The case has continued nearly nine years, and covers nearly the entire body.

Iowa. Yours, J. A. P.

THE
MEDICAL AND SURGICAL REPORTER.

No. 1053] PHILADELPHIA, MAY 5, 1877. [VOL. XXXVI.—No. 18

ORIGINAL DEPARTMENT.

LECTURE.

OPHTHALMIA NEONATORUM.

BY LAURENCE TURNBULL, M. D.,
Of Philadelphia.

Physician to the Department of Diseases of the Eye and Ear, Howard Hospital.

Delivered December 22d, 1876.

This form of purulent conjunctivitis usually commences on the third day after birth of the child. It is, in its most aggravated form, a direct inoculation with pus or latent gleet, or leucorrhœal matter. In cold winter weather, when the child is born in a room without fire, it frequently assumes a muco-purulent catarrhal form. A careful differential diagnosis in its early stage is of the utmost importance, for on it depends the safety or loss of one or both eyes of the child.

The late Dr. Ballard, of England, as stated by Mr. Carter, was accustomed to maintain that it was due to no other cause than the improper exposure of the new-born child's eyes to the light; and he asserts that he has banished it from his practice, by acting upon this opinion. The excessive glare of a bright light constantly applied to a delicate eye of an infant may produce slight hyperæmia, and after a time an increased secretion of mucus; but who, for one moment, would assign this as a chief cause of this most fatal disease of the eyes, which is supposed to be the cause of nearly half the existing blindness of children in England, and of nearly the same number in this country.

If exposure to the light be a true cause of this disease, we should find it among the native races of North and South America, where the child, when born, has often nothing but the protection of a bush or a hill-side, and soon after being strapped upon the mother's back, has the light of day upon it from morning until night. We have never yet seen a case of this disease, nor have we heard of one arising from such a cause, even from such travelers as George Catlin,* who devoted the greater part of his life to visiting and recording the looks of the various native races of North and South America; and during those researches observing the healthy condition and physical perfection of those people in their primitive state, as contrasted with the deplorable mortality and numerous diseases and deformities in civilized communities. During such labors he has visited 150 tribes, containing more than two millions of souls, and has had more extensive opportunities than any other man living, of examining their sanitary system. Indeed, blindness from any cause is a rare disease among them. In our own experience of thirty-two years, during twenty of which we have delivered, on an average, seventy-five women in each year, we never knew or heard of a severe attack of purulent ophthalmia in the new-born infant from this cause.

Again, in the institution to which I have been attached, as ophthalmic surgeon, I have never known a case of purulent ophthalmia to arise from this cause.

* The Breath of Life, or Mal-Respiration, with its effects upon the enjoyment and life of man. By George Catlin. New York, John Wiley & Son. pp. 77, 1872.

It has been also stated that a large number of the subjects of this disease have been tainted with syphilis; a few such cases do occur, but they are not numerous in our city; such has been our experience. This disease of the eye is still improperly treated, being in too many instances confounded with an ordinary conjunctivitis. As the affection runs its course in from one week to ten days, we find, if neglected, loss of the eyesight from destruction, or a dense leucoma, of the cornea. In the Howard Hospital, so far as my records go, back to the time when I assumed my duties, we have not lost a single case where we had charge of it within the first few days. In a number of instances the infants are brought after one or two weeks' treatment, and we find that one or both eyes are gone. I will here give you briefly the records of a few cases.

December 12, 1861. William L., aged 16 months; residence S. Fourth street; suffering from purulent ophthalmia from the age of three days; attended by a physician up to this time. Present condition, a dense leucoma of the cornea of right eye, with adherent iris. Left eye, loss of the lens, with collapse of cornea, with internal strabismus, no vision. History, developed a purulent discharge from the mother, and in this case there was direct inoculation from the maternal secretions.

This may seem to some an unusual case, but I will be sustained by the experience of ophthalmic surgeons, that they meet with such cases too frequently for the credit of the physicians who treat them.

The following is the record made of a case which applied at the hospital as recently as October 19th, 1876:—Lizzie Long, aged four months. Has had purulent ophthalmia for the entire period. Has been treated by a physician during that time with mild astringents. Present condition, eyelids reddened, puffy, and swollen, and adherent by dried secretion at their margin. When these were separated the pus ran over the cheek, being of a bright yellow color. The upper eyelid was so swollen, red, villous, and tumid, that it had to be scarified before returning it to its place; the lower one was also red, but not so much swollen, being covered with a close network of vessels. The left cornea was one dense opacity. Prognosis, blind of one eye. The other, I informed the mother, might be saved if she would bring the child to the institution every day, for treatment. She agreed to do so, and the following is the method which we pursued, the minute details of which may appear unnecessary to those conversant with the best method, but will be appreciated, I think, by the every day practitioner, who is conscientious in the discharge of his whole duty to his patient. The infant's head was placed between the knees of the resident physician, on a towel, the mother holding the arms and limbs of the child in an easy position. The pus was gently but thoroughly washed away with carbolized tepid water; with small pieces of fine old linen. A small india-rubber bag syringe is very useful to wash the parts where a stream of water is desirable. A basin and towel should be at hand to receive the flow of water, which articles, especially the towel, should not be used for any other case unless cleansed with boiling water and carbolic acid; also, all the pieces of linen used must be burned. Do not use a sponge, as it is difficult to remove all the matter, and its subsequent use may cause inoculation of a sound eye.

In this one case, when the attempt was made to open the eye by the ordinary method, it was found impossible to see any part but the swollen lids; a small retractor was then employed, by which means the cornea was seen as described; in the other eye, by pressing in on the inner edge by means of the tips of the fingers, the nails being short, the eye was opened and the cornea was found clear. Two solutions were then applied, having been provided beforehand, one of a ten-grain lotion of nitrate of silver, and one of a saturated solution of chloride of sodium. A drop or two of the nitrate of silver lotion was brushed over the everted eyelids, and as soon as this had mixed and neutralized the purulent secretion, the other lotion of chloride of sodium was employed, and after a free and full change, to the chloride of silver, of the excess, the whole was again washed with tepid water. Lastly, the margins of the shut eyelids were anointed with ointment of cucumber or rose. An alum lotion, of a drachm to the pint of boiling water, was then directed and given to the mother, who was told to repeat the washing and anointing process, at first every four hours, and after a time, from six to eight hours.

The mother was also given a bottle of aromatic syrup of rhubarb, and directed that the infant should have a small teaspoonful at bedtime, so as to regulate the functions of the stomach and bowels, which are always disordered in these

attacks. Directions were given that the infant be so placed that, the disease being only in one eye, the pus from the diseased eye should not travel across the bridge of the nose and inoculate the other well eye.

The infant, in the above narrated case, after ten days' treatment, recovered the entire use of the eye, while the cornea, much to the delight of the mother, retained its transparency.

COMMUNICATIONS.

ON SEXUAL DEBILITY AND IMPOTENCE,

RESULTING FROM STRICTURE AND INFLAMMATION OF THE CURVED PORTION OF THE URETHRA, WITH SPECIAL REFERENCE TO MASTURBATION AS AN EXCITING CAUSE OF STRICTURE.

Read before the Philadelphia County Medical Society, at its Meeting, March 28th, 1877,

BY SAMUEL W. GROSS, A.M., M.D.,

Surgeon to the Jefferson Medical College Hospital, and to the Philadelphia Hospital.

From the intimate connection which exists between the urethra, the prostate, the seminal vesicles, the ejaculatory and the deferential ducts, and the testes, it is not surprising that lesions of that passage should exert a powerful effect upon the functions of generation, whether that effect be due to the extension of morbid action through continuity of structure, or to reflex action. Hence it is that many persons affected with urethral disorders suffer from more or less marked disturbance in their sexual powers, amounting, in some instances, to impotence, or inability to copulate, either from incapability of intromission, or premature ejaculation, both states being associated with imperfect or transient erections.

Reduced sexual power, from whatever cause it may arise, is one of the most distressing of maladies, and is, therefore, entitled to the deepest sympathy and consideration on the part of the honest practitioner, by whom, unfortunately, it is rarely discussed. It is for these reasons that I shall call your attention to inability to consummate the venereal act in a satisfactory manner; and, in doing so, I shall limit my remarks to that form of the disorder with which I have most frequently met in an extensive practice in the diseases of the genital organs, and which is dependent upon stricture, inflammation, and hyperæsthesia of the posterior portion of the urethra.

In the majority of the cases that have come under my observation—and my remarks are based exclusively upon personal experience—I have found, first, that the trouble was due to subacute or chronic inflammation, and morbid sensibility of the membranous and prostatic portions of the urethra, but particularly the latter locality, and was always associated with deep-seated stricture, which was generally of large calibre; and, secondly, that these lesions were traceable, in the larger proportion of instances, to masturbation. Thus, in fifteen of the nineteen cases here recorded, the sexual difficulty arose from the effects of urethritis produced by onanism, while in only four was it dependent upon the localization of gonorrhœal inflammation.

These data are not only of the utmost practical value, but they are interesting, as they show that masturbation affects the sexual powers by inducing a state of constant congestion and undue excitability of the urethra, which terminates in inflammation and the formation of a coarctation in its curved or fixed portion. All authors upon self-pollution recognize the fact that the mucous membrane of the prostatic urethra is in an irritable or morbidly sensitive condition, but they overlook the coexistence of a stricture, and ascribe to this habit but little influence in its causation. This most important factor in the origin and maintenance of impotence, has not, in my judgment, been sufficiently appreciated; an oversight for which I can only account by the defective means of exploring the urethra which have been, and are still, usually employed. Instead of resorting to the soft exploratory bulbous bougie, which is the only instrument with which dilatable strictures above the medium size can be accurately determined, the majority of general practitioners still adhere to the use of the ordinary flexible bougie, or metallic catheter, which, in many instances, fail to detect a coarctation, which is the sole cause of many functional disturbances of the genito-urinary tract.

Convinced, then, as I am, that, in at least a certain proportion of cases, more or less marked impairment of the generative functions may be ascribed to stricture of the urethra at the subpubic curvature and its vicinity, along with inflammation and hyperæsthesia of its prostatic portion, which pathological states are, for the

most part, traceable to masturbation, and that, if recognized by properly conducted exploration, virility and peace of mind may be restored, I consider that no apology is necessary for calling your attention to an affection the pathology of which is imperfectly understood, and which too often falls in the hands of the advertising charlatan, under the impression, on the part of the sufferer, that he is laboring under spermatorrhœa. While it is true that, in some instances, seminal incontinence is a prominent symptom, it is equally and not uncommonly true, that noctural seminal emissions do not occur beyond the healthy limit, and that if there be a discharge from the urethra at other times than during intercourse, it is due to concomitant chronic catarrhal inflammation of the mucous follicles of the prostate. In point of fact, prostatorrhœa and sexual debility are often combined.

The cases of sexual debility that have come under my notice may, in accordance with their symptoms, be arranged in four classes:—

First. Those in which the erections are imperfect or feeble, and ejaculation too precipitate, but in which sexual desire remains, and intercourse is possible, although incomplete. The following example is a good illustration of this condition:—

Case 1.—A grocer, aged 22, consulted me on the 12th of October, 1876, on account of impaired erections and premature ejaculation. He began to masturbate at the age of fourteen, and continued the practice for three years. Its abandonment was followed by nocturnal seminal emissions, of an intermittent character, that is to say, they recurred almost every night for a fortnight, when there was an intermission of a week's duration. He had been under treatment for two years before coming to me, the effect of which was to improve his general health and materially lessen the frequency of the nocturnal discharges. Up to one year ago he had never had sexual intercourse. At that time he found that erection was incomplete, the gland of the penis, in particular, being soft and inelastic, and that ejaculation took place in a few seconds. The same troubles had existed ever since. During the past two months nocturnal emissions had occurred from one to five times a week, and he noticed that flakes of mucus, which he supposed to be semen, were discharged in advance of the stream of urine. He was easily fatigued, his hand was unsteady in writing, he was habitually constipated, and suffered from dull, heavy pains in the groins and back.

Examination with the bulbous explorer disclosed slight tenderness of the urethra, half an inch from the meatus, and decided tenderness at four inches and a half, which increased as the prostatic urethra was reached. On withdrawing the instrument, a stricture of a calibre of 10* was detected at $5\frac{1}{4}''$ from the meatus. The bulb brought out a whitish fluid, which showed, under the microscope, a large amount of pus and epithelium. The urine was acid and loaded with lithates, and the genital organs were normal.

I prescribed a laxative pill, to be taken as often as it might be required, cold hip baths, and cold enemata night and morning, and thirty grains of bromide of potassium every eight hours. The diet was restricted to perfectly bland and digestible articles; sexual intercourse and stimulating drinks were interdicted; and an injection of one drachm of Goulard's extract to ten ounces of water was directed to be thrown into the urethra three times a day.

On the 14th I passed a No. 10 steel bougie, and continued its introduction every second day until the 26th, when it was employed once every twenty-four hours, by the patient himself. At first it was immediately withdrawn, but as the sensibility of the urethra became obtunded, it was permitted to remain longer, but at no time more than five minutes. Its size was gradually increased, until toward the close of the treatment it reached No. 27. During the first week there were three nocturnal emissions; but from that time until I discharged the patient, on the 3d of December, when his sexual powers were entirely regained, there was only one. I saw this man again early in January, 1877, on account of a chancre, when he informed me that he had experienced no trouble whatever in sexual congress.

In this phase of the affection, because it is likewise marked by increased reflex excitability of the spinal cord, may be included examples of that condition known as spasmodic spermatorrhœa, or spermaspasmos, in which emission occurs simultaneously with erection, or

* This and the succeeding measurements are in accordance with the French catheter scale. The calibre, therefore, represents the corresponding number of millimetres in circumference, a millimetre being equal to one-twenty-fifth of an inch.

after its partial subsidence. An illustration of this state is afforded by

Case 2.—A clerk, aged 30, brought me, on the 12th of March, 1877, a specimen of his urine for examination. He never had gonorrhœa, but masturbated from his sixteenth to his twenty-first year. For the past three years he had been impressed with the idea that his previous habit had weakened him, and it was constantly on his mind. His genital organs were well developed; there was a constant sticky feeling at the meatus, and whenever he passed an evening with the lady upon whom he had fixed his affections, he had an erection, with simultaneous ejaculation. His hands and feet were habitually cold, and he had no knowledge of nocturnal emissions for five years. The bulbous explorer detected a stricture of a calibre of 17, 6½″ from the meatus, and an exquisitely sensitive prostatic urethra. The microscope disclosed an abundance of spermatozoa and oxalates, with a little pus and epithelium. The man was obliged to return to his home in the West, but will return for treatment next June.

In the *second* class of cases may be included those in which desire is not abolished, but the power of erection is lost, and coitus impossible. This group also comprehends impotence from such feeble erections that intromission is out of the question. Of the former condition, the following is a good example:—

Case 3.—A tavern-keeper, aged 32, of robust frame, stated that he was engaged to be married in six weeks; that he could not command an erection, although he had sexual desires; that the presence of the object of his affections, and the most lascivious books and pictures, which formerly brought on an erection, had lost that effect; and that the thought of his disability on his wedding-night was constantly preying upon his mind. This condition of affairs had existed for five months, during which time he had nocturnal seminal emissions about twice a week. He was, moreover, much alarmed at the presence of some shreds of purulent mucus in his urine, which he thought was seminal fluid. He has had three attacks of gonorrhœa, the last of which occurred seven years ago, since which period he has always had a slight gleety discharge, and for the past few months a dribbling of a few drops of urine in his clothes, after the act of micturition was apparently completed. He suffered from habitual constipation, but in other respects he was the picture of health.

The bulbous explorer defined two strictures, of a calibre of 23, located, respectively, at 6″ and 6½″ from the external meatus, as well as marked hyperæsthesia of the prostatic urethra. The external genitals were perfectly normal.

As the man was very anxious to return to his home in the West, on the 11th of September, 1876, I divided both coarctations with my urethrotome, from behind forwards, after previous enlargement of the meatus, and afterwards passed a No. 32 steel bougie, which corresponded to the normal circumference of the urethra. At the expiration of forty eight hours, there having been no untoward symptoms in the interval, he was allowed to depart, with instructions to use the bougie every night until all tenderness had disappeared. He was, moreover, ordered a laxative pill pro re nata, the antimonial and saline mixture, along with full doses of bromide of potassium, and cold hip baths and enemata. The diet was restricted, and abstinence from everything calculated to excite the genital organs was enjoined.

On the 5th of October he wrote me that there had been no improvement, and that he had had nocturnal emissions as often as three or four times a week. He had attempted sexual intercourse, but the erection was too imperfect for intromission, in consequence of which he was very despondent, and had postponed his marriage, which was to have taken place on the 25th. He had intermitted the use of the bougie for several days, on account of an "itching sensation" in the urethra, and had not paid proper attention to the bowels. I wrote him not to be discouraged, but to carry out my instructions faithfully, and that all would end well.

On the 28th he said: "I write to let you know that I am improving. I have not had a nocturnal emission for ten days, and have had several erections, but not quite up to the standard. I am still taking the bromide and the pills. I shall be married on the 6th of next month." In my answer I told him to discontinue the bromide, but to keep up the remainder of the treatment.

Under the date of November 11th, he says: "I have greatly improved under your treatment, so much so, that I have connection with my wife every night." I cautioned him against committing such marital excess, lest sexual

abuse might cause a relapse. Since the last date I have heard nothing more of him.

In the *third* class of cases not only is there neither desire nor ability to copulate, but hypochondriasis is superadded; and this mental impotence is often beyond remedy, after the lesions upon which the sexual trouble depended have been removed. In the milder forms of the affection, indeed, the physician is most frequently consulted on account of the fear on the part of the patient lest he may not be able to consummate the venereal act; but the mind is rarely so seriously affected that he is not open to conviction on this point. The following is a typical illustration of this sad condition:—

Case 4.—A Spanish gentleman, aged 24, had masturbated for six years, and for the past two years, during which period he had discontinued the practice, had nocturnal seminal emissions, on an average, twice a week. When I saw him, on the 16th of May, 1875, he stated that he had lost all desire, and had been unable to command an erection for three months. He was very watchful of a gleety discharge, and brought with him, for my inspection, a specimen of urine which contained little threads of mucus, which he imagined to be semen. His general health was broken; his expression was woebegone; he was gloomy, shy, and reserved, and unable to fix his attention upon his studies, and easily fatigued. He was constantly thinking of his previous bad habit and the nocturnal emissions, and was convinced that he was utterly impotent. In a word, he was a victim of sexual hypochondriasis.

The external genital organs, and the prostate and seminal vesicles, as far as rectal touch enabled me to form an opinion, were perfectly normal; but the urinary meatus was constantly moist, and its lips red and pouting. At 5¾″ from the meatus I detected a stricture of a calibre of 17, and also found that the urethra behind it was extremely sensitive. Placing a little of the fluid which was withdrawn by the explorer under the microscope, I demonstrated to my patient that it was free from spermatozoa, and I still further endeavored to gain his confidence by assuring him that his disability was temporary, since, from its dependence upon appreciable lesions, it would disappear under treatment.

The only internal remedies employed were bromide of potassium, and thirty drops of the tincture of the chloride of iron, along with ten drops of tincture of nux vomica, and two grains of quinine every eight hours. A cold water enema, and hip bath were ordered night and morning. Ten days subsequently, I passed a No. 17 steel bougie, and continued its use until June 7th, the size of the instrument being gradually increased up to No. 23. Under this course of treatment he improved so much that the emissions decreased in frequency; the prostatic discharge lessened in quantity; the hyperæsthesia notably diminished, and he began to have feeble erections. Despite, however, of my demonstration of the true nature of the discharge, he was still so impressed with the idea that it was seminal fluid, that I complied with his urgent request to cauterize the prostatic urethra.

At the expiration of ten days the passage of the bougie was resumed. On the 11th of July, the urethra having almost entirely recovered its normal sensibility, I divided the stricture from behind forwards, and passed a No. 30 bougie. All other medication, save the tonic mixture, was dropped, and in a few days he went to the seashore, with instructions to continue the use of the instrument until the wound had healed. The result of this operation was most flattering. In three weeks he had good erections, and his mental anxiety was calmed; but, desiring to test his powers, he made the *experimentum in corpore vili*, and had an almost instantaneous emission, with cessation of the erection. This unfortunate act, which he undertook entirely upon his own responsibility, undid all the good I had effected. He became a confirmed hypochondriac, and when I last heard of him he had tried galvanism without benefit.

Finally, there is a *fourth* class of cases, in which relative impotence apparently arises from diminished reflex excitability of the spinal cord. This condition, which is characterized by retarded emission, is, I fancy, very rare. At all events, the following is the only example of it with which I have met.

Case 5.—A shoemaker, aged twenty, had masturbated, on an average, once every night from his fifteenth year up to three weeks ago, when he became alarmed at reading a book on self-abuse which had fallen into his hands, since which time he has abandoned the habit. For the past eighteen months he has noticed, in masturbating, that it required at least five minutes to produce an emission, and six months

ago, on having sexual intercourse, ejaculation did not occur for quite half an hour. On this account he had avoided women ever since.

On inspection, the penis was found to be of small size, and he stated that it was actually smaller than it was in former years The prepuce was elongated; there was an accumulation of smegma between it and the gland of the penis; and the lips of the meatus were red and pouting. The bulbous explorer defined a slight stricture, calibre 19, at 5½″, as well as great tenderness throughout the curved urethra. He is taking bromide of potassium, and mild laxatives, using the bougie, and cool hip baths and enemata.

As the remaining cases present some interesting and instructive points, I will, as concisely as possible, allude to their most prominent features, without wearying you with their full details.

Case 6.—A bar-tender, aged 29, of intemperate habits, and a masturbator, was affected with prostatorrhœa, impairment of the general health, and great mental anxiety, on account of feeble erections, which frequently prevented intercourse. The penis was small, and the testes were relaxed. In addition to extreme prostatic hyperæsthesia, a stricture, calibre 18, was detected at $5\frac{3}{10}$.″ From February 25th to June 5th, 1875, the treatment, which was frequently interrupted by dissipation, consisted in the methodical passage of bougies, the exhibition of purgatives, bromides and tonics, and cold hip-baths and enemata. Having finally gained his consent, on the latter date, I divided the obstruction up to 30, and continued the use of the tonics.

On October 20th he married, and performed his marital duties in the most satisfactory manner.

Case 7.—A miller, aged 25, had an attack of gonorrhœa three years ago, which lasted for six months. He has ever since been troubled with a gleety discharge, and, latterly, with a scattering stream, and dribbling of the last few drops. The erections are so feeble that coitus is impossible.

On the 20th of October, 1875, I detected a stricture, calibre 17, at 5¾″, and a highly sensitive prostatic urethra. In addition to general measures, the use of bougies, of gradually increasing sizes, was methodically persisted in for three months. Perceiving that he did not completely regain his original vigor, he at last permitted me to divide the stricture up to the full calibre of the urethra. At the expiration of six weeks his condition was all that could be desired.

Case 8.—A merchant, aged 32, consulted me on the 10th of December, 1875, on account of feeble erections and prostatorrhœa, which were the effects of onanism. He was engaged to be married, but was much troubled, lest he could not consummate the tie, and his mind dwelt incessantly on the discharge, which produced a feeling of wetness in the urethra near the meatus, and which he ascribed to spermatorrhœa. The exploratory bougie disclosed a stricture, calibre 17, at 5¾,″ along with very considerable prostatic tenderness. Having succeeded in gaining the patient's confidence, by showing him that the discharge was free from spermatozoa, and assuring him that he could be relieved, I placed him upon the bromide, laxatives, cold enemata and hip-baths, and passed a bougie every second day. At the expiration of sixteen days, the prostatic hyperæsthesia having greatly diminished, I divided the coarctation up to 30. In the course of four weeks he was entirely well, and he has since married.

Case 9.—A student of law, aged 21, in consequence of masturbation, had suffered from nocturnal seminal emissions for three years, and, of late, from irritability of the bladder, feeble erections, and premature ejaculations. The lips of the meatus were red and pouting, and I detected a stricture, calibre 13, at 5½,″ along with great sensitiveness of the urethra from that point as far as the neck of the bladder. As he was in robust health, he was purged, placed upon the saline and antimonial mixture, paregoric and bromides, and ordered cool hip-baths and enemata night and morning. The vesical irritability having subsided, the passage of steel bougies was begun on the 16th of December, and continued until the 4th of February, 1876, when the hyperæsthesia had nearly disappeared, and the stricture readily admitted a No. 25 bougie. It was then divided up to the full calibre of the urethra, and by the end of the month the patient had regained full control over his sexual powers.

Case 10.—A druggist, aged 24, was brought to me on the 18th of February, 1876, on account of symptoms of vesical irritability, under which he had labored for six years. He never had sexual intercourse, but had masturbated from

boyhood until his twentieth year, and desire and erections were utterly abolished. The entire urethra and neck of the bladder were excessively sensitive, and a stricture, of a calibre of 17, was detected at $6\frac{2}{10}''$ from the meatus Both epididymes, but particularly the right, were enlarged and indurated.

This was the most striking example of loss of virility from urethral lesions that I have ever met with; but as the man had come north to lay in a supply of drugs, and could not remain for treatment, I did nothing for him.

Case 11.—A lawyer, aged fifty-seven, and an old fornicator, contracted a gonorrhœa in 1866, which degenerated into a gleet. For some months, although his desire is unabated, he has been unable to command perfect erections, and ejaculation is precipitate. Exploration showed strictures, of a calibre of 18, at $\frac{3}{4}''$, $6\frac{1}{4}''$, and $6\frac{3}{4}''$ from the meatus, and a sensitive prostatic urethra. These were divided on the 23d of February, 1876; and at the expiration of two months, under general treatment and the methodical use of bougies, he was discharged cured.

Case 12.—A sea-captain, married, and aged thirty-three, came to me on the 1st of May, 1876, in consequence of feeble erections and premature emissions, which I found to depend upon a stricture, calibre 15, at $5\frac{7}{10}''$, along with prostatic hyperæsthesia, the results of masturbation. He was habitually constipated, but his general condition was, in other respects, excellent. As he was engaged in discharging his cargo and getting ready to sail for a foreign port, the treatment was confined to the use of bougies, in gradually increasing sizes, the meatus, as a preliminary measure, having been enlarged to the normal calibre of the urethra. He sailed on the 26th, with instructions to continue the passage of the instruments, to maintain his bowels in a soluble condition, to take hip baths, and refrain as much as possible from sexual intercourse. On his return, early in September, his condition had so far improved that he could command a pretty fair erection, but ejaculation was still too precipitate. Although he had used a bougie of full size, the bulbous explorer defined the stricture just as clearly as before, but the sensibility of the urethra was greatly reduced. As he was again about to sail, he was unable to submit to internal urethrotomy, but promised to do so at some future date.

Case 13.—A clerk, aged thirty-two, stated that, in consequence of masturbation, he had been suffering from seminal incontinence for six years, but that the emissions, of late, did not exceed two a week. He could not have connection, on account of imperfect erections, and his mind was deeply involved in his trouble. In addition to morbid sensibility of the prostatic urethra, there were three strictures: the first, calibre 21, at $\frac{1}{2}''$; the second, calibre 19, at $2\frac{7}{8}''$; and the third, calibre 19, at $6''$ from the meatus. I saw the man on the 18th of July, 1876, but he never returned, and probably belonged to the class of persons who run from one physician to another, without affording any a chance to give him relief.

Case 14.—A printer, aged 22, and a masturbator, consulted me on the 28th of July, 1876, on account of feeble erections and prostatorrhœa, along with a stricture, calibre 19, at $5''$, and prostatic hyperæsthesia. After the first passage of the steel bougie, he deserted me, and I have since lost sight of him.

Case 15.—A merchant, aged 22, stated, on the 28th of July, 1876, that he was suffering from imperfect erections, premature ejaculations, and occasional seminal losses, which resulted from masturbation, and which I found to depend upon a stricture, calibre 19, at $6''$, and an irritable prostatic urethra. He was habitually constipated, but otherwise in good condition. As he was on a visit to the International Exhibition, and merely wished a letter of instructions to his regular attendant, he was not placed upon treatment.

Case 16.—A commercial agent, aged 39, came to me on the 13th of September, 1876, with a history precisely similar to that of the foregoing case. In addition to the morbid sensibility of the prostatic urethra, there was a stricture, calibre 19, at $6''$ from the meatus. He was put upon a laxative pill of colocynth, blue mass, and extract of belladonna, with full doses of bromide of potassium; directed to take cold hip baths and enemata, and taught the use of the bougie. On his return, on the 22d of November, after previous enlargement of the meatus, I divided the stricture up to 30, leaving him to conduct the after treatment himself. On the 3d of January, 1877, he wrote me that he had entirely recovered his sexual powers.

Case 17.—A clerk, aged 20, who had never had sexual intercourse, but had masturbated since his fifteenth year, consulted me on the

14th of September, 1876, on account of irritability of the bladder, spermorrhaghia, and feeble erections. The prostatic urethra was highly sensitive, and there was a stricture, calibre 16, at 5½″. He was under my observation only one week.

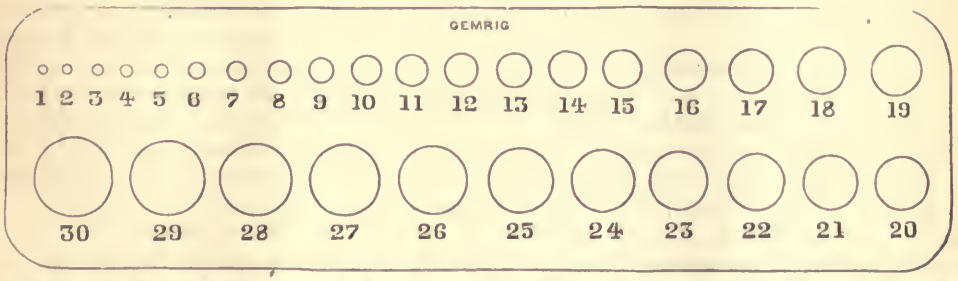
Case 18.—An engineer, aged 27, in consequence of onanism, was troubled with feeble erections, nocturnal emissions, and severe neuralgia of the left testicle and spermatic cord His health was somewhat broken, and, in addition to prostatic hyperæsthesia, there was a stricture, calibre 21, at 7″. On the 4th of September, 1876, he was put upon quinia, arsenious acid, strychnia, and morphia; a large bougie was methodically passed, and other measures instituted to obtund the sensibility of the urethra. He improved under this treatment, and, on January 21st, 1877, I divided the stricture up to 30. At the expiration of five weeks he was entirely well.

Case 19.—A medical student, aged 25, came to me on the 7th of March, 1877, on account of prostatic discharge, tenderness of the urethra at 2½″ from the meatus, and increased tenderness from six inches, at which point there was a stricture, calibre 19, to the neck of the bladder. He had gonorrhœa three years ago, but for the past eighteen months had noticed that ejaculation was premature, sometimes, indeed, before he had fairly entered, although there was no difficulty in the power of erection. He had some difficulty in starting the stream of urine, which was flattened and smaller than natural, and there was a scalding sensation when he retained his water for any length of time. He had nocturnal seminal emissions about once a week, and his passions were easily aroused. The bowels were regular, and his general health was excellent.

In all of the cases that I have now presented to you, morbid sensibility of the curved portion of the urethra, as denoted by the contact of an instrument, by pressure with the finger in the rectum, and, now and then, by the passage of the urine or the seminal fluid, was a prominent feature. In addition to hyperæsthesia, however, one or more strictures were present. Hence, I am warranted in concluding that, in the majority of instances in which sexual debility and impotence depend upon localized genital lesions, these lesions will be found to be stricture of the curved portion of the urethra, and irritability of the canal posterior to it.

A further examination of the cases shows that in only four was gonorrhœal inflammation the cause of the morbid changes, while in fifteen, or four-fifths of the entire number, they were induced by masturbation. I am, therefore, forced to adopt the view that urethral stricture, as well as hyperæsthesia, is an essential lesion of masturbation; and that cases of sexual debility must prove rebellious to treatment unless the former pathological condition be fully appreciated.

Fig. 1.



It is, moreover, interesting to note that the strictures, whether they were the effect of onanism or of gonorrhœa, were usually single, deep-seated, and of large calibre. In one example of specific urethritis, in addition to two deep strictures, there was a third one at ¾″; while in one case, from masturbation, there were likewise three coarctations, seated, respectively, at ½″, 2⅞″, and 6″. The following figures denote the distances of the strictures from the meatus, and their calibre*:—

Of the 4 gonorrhœal cases, 6″ and 6½″, c. 23; 5¾″, c. 17; ¾″, 6¼″, and 6¾″, c. 18; and 6″, c. 19. Of the 15 cases from masturbation, 5¼″ c. 16; 6½″, c. 17; 5¾″, c. 17; 5½″, c. 19; 5$\frac{8}{10}$″, c. 18; 5½″, c. 17; 5½″, c. 13; 6 $\frac{3}{0}$″, c. 17; 5$\frac{7}{10}$″, c. 15; ½″, c. 21; 2⅞″, and 6″, c. 19; 5″, c. 19; 6″, c. 19; 6″, c. 19; 5½″. c. 16; and 7″, c. 21.

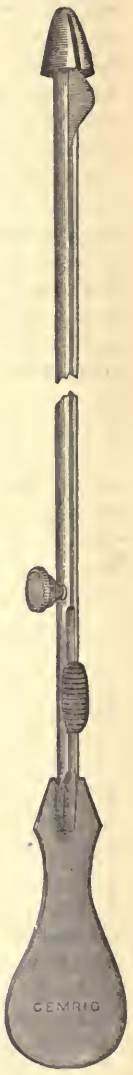
* By calibre is meant that the coarctation was defined by an explorer of the number indicated. This point will be best appreciated by a reference to the French catheter scale, represented in fig. 1.

The foregoing measurements are of practical importance, since they indicate that, in searching for the essential cause of the trouble, the lesion is generally to be found at the subpubic curvature and its vicinity, which include the junction of the membranous and spongy portions of the urethra, and one inch of the canal in front of, and three-quarters of an inch posterior to, the triangular ligament. They also show that the coarctations are above the medium size, and that many must escape detection if the ordinary method of exploring the urethra be resorted to. If, for example, the instrument used in these cases had been a silver catheter or a flexible gum-elastic bougie, which corresponded to No. 9 of the English scale, and is equivalent to No. 16 of the French scale, it would have failed to define the stricture in at least four-fifths of the cases. It is for this reason that masturbation has not generally been recognized as a cause of stricture, and for the same reason that stricture has been overlooked as an essential lesion of spermatorrhœa, sexual debility, and impotence. Instead, then, of the ordinary instrument, which is too much employed for diagnostic purposes, I would earnestly recommend the soft exploratory bulbous bougie of Leroy, represented in fig. 2, as the only instrument through which morbid conditions of the urethra, be they strictures, granular patches, or thickenings of the mucous membrane, can be accurately determined. One being selected which fills, without unpleasantly stretching, the meatus, if there be a stricture, it will be stopped, when smaller sizes are successively used, until one will pass without much difficulty. On its withdrawal, the abrupt shoulder of the bulb, coming in contact with the posterior face of the obstruction, imparts to the touch a sensation as if it had jumped over a band, which is as perceptible to the patient as it is to the surgeon. It is hardly necessary to state that the withdrawal of the ordinary catheter or bougie is not attended with a similar sensation.

Fig. 2.

Of the treatment of sexual debility and impotence from stricture and morbid sensibility of the curved portion of the urethra, little need be said, as it has been foreshadowed in the preceding pages. Each case must be met on its individual merits. When the subject is robust and plethoric, mild antiphlogistics are indicated; while in anæmic patients, tonics, of which I have found a combination of quinine, tincture of the chloride of iron, and tincture of nux vomica to be one of the best, will be required. Bromide of potassium, in full doses, can never be dispensed with, since it fulfills the triple object of correcting the acidity of the urine, overcoming the sensibility of the urethra, and blunting the venereal appetite. When the local lesions have been relieved, its use should be discontinued, and remedies given to strengthen the sexual functions. The bowels should be kept in a soluble state; the diet should be simple and unstimulating, condiments, alcoholic and fermented drinks being avoided; heating exercises and clothing should be discarded; chastity in thought and action should be encouraged; and, finally, when the prostatic hyperæsthesia has disappeared, and the sexual vigor is returning, the patient should be advised to marry. When the infirmity has advanced to hypochondriasis, the case is almost hopeless.

Fig. 3.



Of topical measures none has afforded me such good results as the introduction of the conical steel bougie, at first every forty-eight hours, and afterwards every day. After the first few insertions it should be immediately withdrawn, but as the sensibility of the urethra diminishes, it should be retained for four or five minutes, and its size be gradually increased. As adjuvants, the local application of mild solutions of nitrate of silver, acetate of lead, or tannin, are useful, as are also cold hip baths, enemata, and douches to the perineum. If the disease proves obstinate, as it is liable to do, when the prostatic or ejaculatory ducts are involved in the morbid action, the application of the solid nitrate of silver may be demanded. Under similar circumstances, flying blisters to the perineum are of service.

The foregoing measures will usually suffice to overcome the morbid sensibility of the prostatic urethra, and dilate the stricture. Dilatation of the stricture alone, however, often fails to restore virility, because the stricture tends to maintain the inflammatory condition of the urethra behind it. In some instances temporary relief follows, but to effect a permanent cure an operation will be required. For reasons which would be out of place in this paper, I will only state that I give the preference to retrograde internal incision, performed with an instrument which I devised two years ago, and which I have successfully employed in a number of cases. It is fashioned like the bulbous explorer, and defines a stricture with great accuracy. Having been carried behind the stricture, the blade is projected from the bulb, as indicated in fig. 3, by sliding the button at the proximal extremity of the shaft, and the coarctation, as well as half an inch of the mucous membrane behind and anterior to it, divided on its withdrawal. The bulb is again carried through the severed parts, with a view of detecting any uncut bands, and a steel bougie, corresponding to the normal size of the urethra, as previously determined by the urethrometer, at once passed, and afterwards used every forty-eight hours, until the wound has cicatrized.

Medical Societies.

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

This body held its seventy-ninth annual session in Baltimore, April 10th, 11th and 12th. It was well attended, and many valuable papers were read.

The annual address was delivered by Dr. C. Johnston, the President. The main topic of the discourse was a consideration of the relation of the medical profession to the courts of justice; first, with reference to the question of the sacredness of confidential communications before the courts, and second, the position of the medical expert when subpœnaed to appear in court to testify. In regard to the first point, the doctor cited evidence to show that such communications were held to be inviolate in the case of an attorney, and were practically so in that of a priest, and claimed that they should be so where physicians were concerned. In the course of their practice physicians often have divulged to them secrets, solely for the better treatment of the case, which, if made public, would destroy the happiness and peace of those concerned, and to compel physicians to divulge these was to make an unjust discrimination against the medical profession. To require a medical expert to come before a court of justice and testify under the same circumstances as other witnesses, he thought, was unjust. Ordinary witnesses testify only to facts, while the expert is required to give an opinion, the result of a large amount of expensive preparation. By his very position as an expert he is enjoying a large and lucrative practice, to leave which, for only a short time, entails loss both upon him and his patients; and hence, paying him on the same scale as ordinary witnesses is decidedly unfair. The essential difference in the character of the testimony of the expert and a common witness was dwelt upon at considerable length, and the hope expressed that in the near future the expert in Maryland, as in New York at present, would be at liberty to give his testimony or not, as he thought best. Toward the close of the address the doctor left this subject and urged the necessity of a medical register of the State, which should contain a list of physicians, medical societies and their officers, medical libraries, manufacturers of medical instruments, and an abstract of all laws relating to the profession. He also suggested the establishment of an independent section of microscopy, competent to report upon histology and micro-chemistry.

A resolution to print the address was adopted, and Dr. J. J. Caldwell moved that a committee of three persons be appointed to consider the subjects of the address, which was also adopted.

Dr. S. Weir Mitchell, of Philadelphia, delivered the annual oration. His theme was, "Some Extremes in Therapeutics," that is, in the discovery and application of remedies for disease. He mentioned a number of these extremes. When he first studied the therapeutics of snake-bite poisoning the opinion was general that a rattle-snake bite was deadly. Then in eighty cases thirty different remedies were found, and the conclusion was reached that almost anything would cure a snake bite, or else that it was far less fatal than had been believed.

He recalled the extremes of treatment in rheumatism. Once it was bled and blistered; now it is blistered again. Once it was treated with floods of alkalies; then opium was fashionable, and some one said it must have blankets and six weeks; and propylamin had its day; and once cold water applied to the joints would have been thought to be death, but he could assure it was comfort, if not a cure. Dr. Mitchell concluded that there is no other way to true therapeutics except by experiments on patients, and there never will be any other until the laboratory is able to teach us how and when to use drugs, and that is a far away hope yet.

Utter disbelief in the value of therapeutic means prevailed in Germany. Continental physicians have taken a refuge in the credulity of people in the influence of mineral springs. In this country a like belief has been fostered by a variety of causes, and waters of the value

of that of Gettysburg, and some as inert, have won a wide-spread celebrity. In most cases these springs are to be found in healthy mountain regions, and it is the change of air, of diet and of habits of life which deserve to be considered as curative, rather than the waters. So vast is the use of such total change that patients who go for treatment from the country to the cities are often the better merely for the change, and too often the city physician, as he well knew, gets the credit for that relief which was in large part owing to the vast alterative of change of air and of all the ordinary habits of life.

Blood-letting was once as common as the giving of tonics is now, but what was then daily in practice is now looked upon as a therapeutic measure of heroic character, as a thing really dangerous. The subject of extremes in the use of rest and absolute diet is worthy of attention, but in this country we are far more concerned with the question of how to make people fat, than how to make them lean. There are plenty of healthy people who are thin, but even for them there is a standard of fatness, and we feel anxious at once when any one is losing fat at all rapidly. Probably our whole active population loses weight in summer.

The doctor's qualities of diagnostician and therapeutist are those which concern most his own prosperity, and the welfare of his patients, but unless the profession can also show its capacity for accurate scientific pursuits, for chemical, physiological, and toxicological investigation, it will not hold before the general public the lofty place which belongs to it. In conclusion Dr. Mitchell spoke in high terms of the laboratories of the Johns Hopkins University, and the opportunity put thus at the disposal of the young profession. The oration was received with applause and a vote of thanks.

Dr. A. B. Arnold delivered a paper on "The Medico-legal Relations of Certain Forms of Melancholia." The theory of partial insanity as originally advanced, Dr. Arnold claimed, conveyed the meaning that a person can be insane upon one subject and sane upon all others, but it is altogether an untenable proposition to assert that mind is an aggregate of independent powers, each of which can be at fault, while all the rest remain intact.

Dr. John N. Monmonier presented a paper considering entomology, the nervous supply of the spleen and lungs, etc.

Following this was a paper by Dr. W. C. Van Bibber, on "The Therapeutics of Pressure, Somatic Support, and Modes of Dress." In regard to dress, Dr. Van Bibber said: "The fact of a heavy weight dragging upon living distensible parts must necessarily cause displacements and consequent disease. To remedy this, a change of the line of pressure would suggest itself as a principal therapeutic means. The curve of the corset which has been in use for many years by females, gives pressure at such points, and at such an angle, that the intestines are pushed into the lower part of the abdomen, and the pelvis is crowded beyond its capacity to permit a proper circulation of blood.

"The 'comfort' corset, which is now gaining favor, obviates this to a certain extent, but not so effectually as the chemiloon, which has recently been introduced as a female article of dress. It can hardly be hoped that the report of this committee will have the effect of entirely altering the applied skill of the shoemaker, as well as that of the tailor, milliner, mantuamaker, and thus suspend for a time the profits of the coffin maker; but yet, by reading the transactions of this society for a number of years past, it will be seen that we, as guardians of the public health, have not lately given attention to these matters. It might be inferred from this that we acquiesced in their use, whereas I believe we have only tacitly yielded to ideas, tastes and customs which we believed were entirely beyond our power to remedy or control. It is surely not beneath the dignity of therapeutics to call our attention, or even public attention, to disease-producing fashions of this kind. I have seen nausea, vomiting and dyspepsia in both sexes, from wearing tight shoes. I have read and heard of dislocations of the ankle joint, I have seen distortions of gait, displacements of the pelvic organs, and a complete wreck of health result from small, high and badly-made heels to the shoes of females. And as a member of the committee on therapeutics, with the consent of our honored president of the same, I have thought it not improper, and it might not prove unprofitable, to call your attention to these fashions at this time. If our report or recommendation could change them, and in their stead introduce garments for general use to suit the anatomy of the person, more in accord with the physiological uses of organs, adapted to their preservation, not to their distortion, we would certainly do much in this way for the prevention of disease, and more for its relief and cure than can be accomplished by a full array of instruments which their use compels us to employ in practice."

Other papers read were of more particular interest to physicians and surgeons, viz.: by Dr. L. McLane Tiffany, on surgical dressing; by Dr. J. Carey Thomas, on the practice of medicine and the germs of epidemic diseases; by Dr. Jno. S. Lynch, on "veratrum viride," which as a nauseant resembles tartar emetic, and as a sedative seems identical with digitalis, but more certain and constant. Volunteer papers were read from Drs. S. Theobald, B. B. Browne, B. Titcomb, Randolph Winslow and John N. Monmonier.

Dr. S. C. Chew illustrated with a hospital patient a case of erupyema with spontaneous evacuation.

On the last day of the session, resolutions offered by Dr. Chris. C. Cox, of Washington, were passed, deploring the bodily affliction which prevented the attendance of Prof. N. R. Smith, and acknowledging the great and lasting indebtedness for his numerous and valuable

contributions to the literature of his profession: his splendid achievements in practical surgery; his able, eloquent and long-continued teachings; his high-toned bearing and adherence to ethical principles, which have constituted him a model for imitation.

The president, vice-presidents and secretaries were appointed a committee to memorialize Congress and to correspond with other medical societies, to remove the import tax on quinine.

A resolution offered by Dr. Geo. H. Rohe, for the appointment of a committee to memorialize the State Legislature in regard to the placing of public prostitution under sanitary control, was laid on the table.

The election of officers resulted as follows: President, Prof. A. B. Arnold; Vice-presidents, Drs. S. C. Chew, F. C. Chatard, Chas. H. Jones; Recording Secretary, Dr. Wilson G. Regester; Assistant, Dr. G. Lane Taneyhill; Corresponding Secretary, Dr W. F. A. Kemp; Treasurer, Dr. Judson Gilman.

TEXAS STATE MEDICAL SOCIETY.

This Society met at Galveston, on the 3d of April. Dr. R. H. Harrison, President, in the chair.

The address of welcome was delivered by Dr. Greensville Dowell, and responded to by the President. A number of reports of committees, and papers on scientific subjects, were presented by the members. The discussion of the State Medical Law was quite active.

The President stated that a resolution, handed in on the 2d inst., indorsing and approving the action of the Travis County Society in refusing to treat with irregular practitioners, could be read.

Dr. Robertson said he had hoped that the regular practitioners, members of the Convention, would have given the matter more study before taking any final action upon it. He said that to adopt the resolution would be but to array the State Medical Association against the Constitution and Laws of the State. He thought that to pass the resolution would be tantamount to warning the district judges that they must either obey the laws they had sworn to enforce, or, ignoring them, fall back upon the medical society of the State for instruction and guidance in the discharge of their duties. He concluded by saying that wherever the legislatures of the country had endeavored to suppress irregular practitioners they had but strengthened them in their claims upon the people for support.

Dr. Dowell said that in voting for the resolution the Convention opposes, not the law, but the unjust judge who had improperly executed it.

The resolution was finally carried.

EDITORIAL DEPARTMENT.

PERISCOPE.

Bromide of Ethyl as an Anæsthetic.

M. Rubuteau described this substance in a paper read to the Paris Academy of Sciences:—

Bromhydric ether, or bromide of ethyl ($C^2 H^5 Br.$), is a colorless liquid, of agreeable odor, boiling at 40 Cent. (104 Fahr.), having a density of 1.43, and burning with difficulty. The author had made on this ether (of which the boiling point and density were the same as the chloroform and sulphuric ether) various researches, of which the conclusions were as follows: 1. The bromide of ethyl, when absorbed by the respiratory passages, produces complete anæsthesia as rapidly as, and even more so than, chloroform. This result has been observed in frogs, guinea-pigs, rabbits and dogs. At the end of five, and even sometimes in two minutes, of inhalation performed by the aid of a sponge saturated with bromide of ethyl, the dogs were completely anæsthetized. 2. Animals recover consciousness more rapidly than when anæsthesia has been produced by chloroform. 3. Having injected under the skin of dogs, before anæsthetizing them, solutions of chlorhydrate of narcein or chlorhydrate of morphine, M. Rabuteau observed an action analogous, though perhaps inferior, to the simultaneous action of narcein, or morphine and chloroform. 4. Hydrobromic ether is neither caustic, nor even irritant, in comparison with chloroform. It may be injected without difficulty, and applied without danger, not only to the skin, but in the internal auditory meatus, and to the mucous membranes. It is preferable in this respect to chloroform, which is very caustic, and to sulphuric ether, of which the injection in an uncombined state is almost impossible. 5. Bromide of ethyl taken into the human stomach in doses of from one to two grammes (fifteen to thirty grains) does not produce anæsthesia as it does when absorbed in a sufficient quantity by the respiratory passages. It soothes pain, and does not interfere with the appetite. 6. This anæsthetic is almost insoluble in water, although water in which it has been shaken acquires a pleasant taste and smell. Frogs placed in water saturated with bromide of ethyl are anæsthetized at the end of from ten to fifteen minutes. 7. Bromide of ethyl is eliminated almost, if not quite entirely, by the respiratory passages,

however it may have been absorbed; traces only of it (if any at all) are discovered in the urine, when it has been taken into the stomach; very small quantities of it may be discovered in this liquid when it has been absorbed by inhalation.

The Surgical Significance of the Uterine Ebb.

Dr. H. R. Storer, in a monograph referred to some weeks ago in this journal, considers the menstrual molimen as something more than a mere technical phrase. It is a reality, that not merely determines and is evidenced by the normal catamenial discharge, but that effects reflexly, and probably even more directly, the woman's whole being.

To consider the catamenial function as wholly a local one in effects and in origin, is not merely scientifically wrong, but has doubtless often caused the death of a patient.

With the commencement of menstruation the uterine ebb or catamenial reflux has practically begun, and it is during this ebb that all operations should be performed.

The extraction of a tooth during gestation, or even the filling of one, if at the uterine flow, may result in the expulsion of the fœtus; while the severest pelvic operations, as the removal of vaginal tumors, and even of ovarian cysts or abdominal fibroids, which may be thought necessary to preserve the life of either mother or child, may be, and have repeatedly been, performed without curtailing the progress of gestation.

For pelvic operations, all other things being equal, it is better to select the week immediately following the cessation of the catamenia, or, as nearly as can be ascertained, corresponding with what would have been this time had they appeared.

Salicylic Acid in Typhoid Fever.

In the Edinburgh *Medical Journal*, of February, Dr. George Hunter, of Linlithgow, relates his experience with salicylic acid in an epidemic of typhoid. He treated 68 cases, out of which 7 died. In regard to the acid, he writes:—

It may be employed in the form of (1) salicylic acid, which is an insoluble yellowish white powder, without odor, and of a sweetish taste. It is readily soluble in water containing an alkali in solution, and thus, with soda, we obtain (2) salicylate of soda, a neutral salt. (3) As salicylate of quinia, I have also used it, but in this form it is expensive, and not more antipyretic than either of the preceding.

It may also be prescribed in the form of ammonia or potass salts; but the lowering action of the potass on a heart already feeble seemed to contraindicate its use in the only case in which I had recourse to it. My experience leads me to prefer the soluble soda salt, since we now know that, in the presence of the carbonic acid of the blood, salicylic acid is set free.

It must be given in full and frequently-repeated doses. For an adult, 10 to 20 grains are given every ten minutes, until six doses are taken. For a child of five years, I have given as much as a drachm and a half in an hour, without any toxic effects resulting; but in two instances, both children, slight croupiness of inspiration followed, probably the result of catarrh of the pharynx and upper part of the larynx. Abundant diaphoresis has attended its employment in two or three of my patients. Tried at intervals of one or two hours, no antipyretic action was noteworthy, proving that it is rapidly eliminated. In nearly all the cases treated with salicylic acid, the pulse fell with the temperature, delirium of a mild character gave way. Symptoms of pulmonary œdema and hypostatic congestion became less anxious complications, and in these respects I found a decided resemblance to the action of quinine. Salicylic acid is, moreover, a valuable astringent, and is, therefore, peculiarly indicated in those cases where the diarrhœa is frequent and exhausting. After its use the dejections become more consistent, and usually do not exceed one or two in the twenty-four hours. This of itself is a strong point in its favor, since the chances of the formation of bedsores are lessened, the duties of the attendants are lightened, and the risks of propagating the disease are *à priori* diminished.

On the Treatment of Meningitis Granulosa.

In a clinical lecture published in *La Clinica di Napoli* (abstract in the London *Medical Record*), Professor Somma distinguishes these stages; those of occult predisposition, of manifest predisposition, and of full development of the disease.

In the first stage the treatment is preventive, and consists in the restoration of the constitution by proper remedies and attention to hygiene. The patient must be kept free from emotions and intellectual labor, and must avoid all causes capable of producing hyperæmia or inflammation of the meninges.

In the second stage which comprises the premonitory symptoms, the indications are to quiet vomiting by anti-dyspeptics and alkaline carbonates, to overcome constipation by aperients, to relieve headache by calmatives, and to diminish the slight contractions which occur in some muscles by bromide of potassium and belladonna. Of more importance, however, is the removal of the cause of the symptoms; for this, the remedies recommended in the first stage are to be employed. Dr. Somma regards blisters as highly advantageous; and he recommends the use of iodide of potassium in daily doses, varying from 20 to 40 *centigrams* (30 grains to one drachm) in distilled water.

In the third stage there is little to be done. Some leeches may be applied over the mastoid process, bladders of ice to the heart, and blisters. He advises the use of tartar emetic ointment; and as internal remedies, iodide of potassium,

with calomel and other purgatives. The convulsive and spasmodic forms of the disease are treated by bromide of potassium combined with the iodide. When the morbid phenomena come to a stand and symptoms of collapse appear, he gives valerianate of quinine in half-gramme doses (7½ grains). In the stage of collapse, he uses stimulants freely.

The Production of Albuminuria.

In an article in the *Transactions* of the Medical Society of King's County, N. Y., Dr. W. H. Martin observes that the diseases which are now known to be attended by albuminuria are so numerous, and pathologically so distinct, that we are puzzled in the endeavor to make analogy and comparison useful in testing the causative influence of pregnancy. It is hard to believe, for instance, that the conditions under which albuminuria is produced by valvular disease of the heart on one hand, and by diphtheria on the other, are identical, or even similar. That scarlatinal poison and that pregnancy both cause albuminuria is proved; but that both cause it by originating exactly the same kind of disturbance eludes demonstration. It is rather a "begging of the question" to assert that each produces changes in the blood, and that it is useless to seek beyond these wholly indeterminable changes for a mode of causation. It is easier to suppose that each disease or group of diseases (if they can be grouped etiologically or otherwise) has a peculiar power, and exerts it in a peculiar way, than it is to suppose the existence of some one essential condition to which all equally give rise; that is, one single and immediate cause of albuminuria.

A Simple Cautery.

The following suggestion is made by Thos. C. Stellwagen, M. D., D. D. S., Professor of Operative Dentistry and Dental Pathology in the Philadelphia Dental College, in the *American Journal of Medical Sciences*:—

One of the most useful means of applying the actual cautery has been apparently neglected or allowed to pass unheeded up to the present time, the simplicity of the method being probably the cause of its escaping attention.

It has long been a desirable thing, with the practitioner of dentistry, to be able to accomplish the cauterization of what is termed sensitive dentine, often found where the dental caries has attacked the necks of the teeth, near the margins of the gums; most of the cauterants in actual use being unreliable, or to a degree unmanageable, and liable to penetrate deeper into the structure, or injure the mucous membrane by running over it. This, to a certain degree, has been avoided by the use of the galvanic cautery; but the apparatus required for this purpose is both costly and cumbersome, beside being easily deranged, and somewhat difficult to apply to certain surfaces where, by the undercutting of the caries, the platinum point requires to be bent or hooked.

While operating on the 13th of March, for my friend, Dr. J. S. Walker, I attempted, by the use of a minute coal of fire upon a match-stick, to obtund the sensation of the superficial portion of such a cavity, as above described; meeting with some difficulty in the breaking off of the heated portion, he suggested the use of a harder wood, and I immediately ignited the end of a stick of dental pivot wood, which wood, from its characteristics, being both dry and compressed, proved a most satisfactory and inexpensive means of obtaining the desired effect. It has since appeared to me that sticks of hickory, or any combustible substance that is dense, tough, and readily consumed in the ordinary atmosphere, might be of service to the general surgeon, but particularly where the throat, nares, ear, uterus, or anus, are the points to be cauterized; or for the physician, where immediate vesication is demanded, it could be conveniently used. These sticks might be made more inflammable by soaking in something like a solution of saltpetre, before drying and passing through the process of condensation, which dentists accomplish by an ordinary draw-plate, such as is used for making wire.

To use this, a suitable portion should be burned in the flame of an ordinary match for a few moments, and then, by blowing out the flame, the incandescent portion at the point may be brought to the shape desired, and the temperature raised by passing rapidly through the air, or, *vice versâ*, lowered by allowing a trifling coating of ash to accumulate upon the surface. This will burn thus for one or more minutes, according as more or less is charred by the flame, and one or more of the small sticks are used singly or tied together, or the stick made of larger diameter.

It might also be that a tube of some non-conducting material might be filled with an ordinary lampwick, previously prepared, and by a spring regulated to keep the ignited portion of the combustible material constantly pressed out at one end.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Hospital Gazette*, a monthly journal, has been commenced in New York. Rutledge & Co., publishers.

——We have received the prospectus of the *Maryland Medical Journal*, to be published in Baltimore, and edited by Drs. Manning and Ashby.

——The Charleston *Medical Journal and Review* has suspended, owing to the depressed financial condition of the country.

THE

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THE ETIOLOGY OF ALCOHOLIC DEGENERATION.

Almost weekly the exchanges we receive contain reports of cases where the complications brought about by alcoholism add largely to the danger of the patient. The invention of processes of distillation has led to a widespread introduction of distilled liquors where formerly fermented beverages were almost solely consumed. Thus statistics from the cider and wine districts of France and Germany show a growing use of beet-root brandy and similar forms of spirits.

Some have maintained that the injurious effects of alcoholism arise more from fraudulent mixtures and the addition of poisonous ingredients, such as strychnia, cocculus indicus, aloes, fuchsine, etc., than from alcohol itself. Unwise and not over scrupulous advocates of the temperance cause have frequently seized upon these alleged adulterations as arguments for their orations; and the tables have been turned upon them by dealers who guarantee "pure and unadulterated liquors only," and by non-temperance writers, who have maintained that such genuine alcoholic beverages are harmless even in considerable quantities. Thus, as is always the case, the men who advocate what is not true in order to do good, have hurt their position and the reputation of their side.

In fact, wines and liquors in this country very rarely contain any injurious adulteration. The "manufactured" champagnes, brandies and liqueurs, so common at the bars of saloons, are made from "high wines" diluted, colored with burned sugar, or other innocuous substance, sweetened, and flavored with very small quantities of essential oils. It is safe to say that no strychnine, cocculus indicus, alum, copperas, picric acid, or other deleterious substance, is used at all. All such statements emanate from the inventive brains of unscrupulous temperance orators.

The evidence for the truth of what we have just said is very amply given in the Second Annual Report of the Inspector and Assayer of Liquors to the Commonwealth of Massachusetts, Professor James F. Babcock. He presents, in this Report, about four hundred analyses of all varieties of ordinary bar drinks, and did not find among them all any poisonous adulteration whatever. Of course the new whiskies had more or less fusil oil, but this, though deleterious, is no added product. Of this standard American drink he says:—

"Many vile epithets, as 'benzine' and 'Jersey lightning,' have been bestowed upon whisky, and perhaps deservedly, for new whisky is very different in its qualities from old; and it is to new or raw whisky that these opprobrious titles are applied. Whisky is rarely, if ever, adulterated with any injurious substances. Raw or new whisky owes its harsh flavor and burning taste not to substances intentionally added as adulterants, but to the presence of small portions of fusil oil and other bodies naturally produced by the fermentation and which, by age or exposure to

the oxidizing influence of the air, are either removed or changed into more agreeable products. Whisky such as is used for the manufacture of alcohol is almost strictly pure, as there is no incentive whatever to its adulteration.

"Whisky filtered several times through charcoal, which removes all coloring matter and other impurities, is undoubtedly the very purest form of liquor to be obtained, and though less agreeable, perhaps, to the palate, it is believed by many to be fully equal, for all medicinal purposes, to the very best brands of imported spirits."

Professor BABCOCK also examined, with care, nine samples of lager beer and ale sold at retail stores in Boston. They came from different breweries in and near Boston and New York. In their analysis, the processes of Dragendorff and Otto-Stas were employed for the examination of alkaloids and fraudulent or injurious bitters. The results showed that all of the samples were absolutely free from *cocculus indicus*, *picric acid*, *strychnia*, or any other bitter, except that of hops and malt. All the samples were found to be pure, and as free from injurious substances as alcohol in any form can ever be.

This conclusion is the same that has been reached elsewhere. The results of very numerous analyses of various kinds of beer, by chemists in this country and in Europe, have failed to show the presence of strychnia, or other injurious adulteration, in any of the samples examined.

Prof. C. F. Chandler, of the New York Board of Health, examined five different varieties of beer, upon which he reported—

"A most thorough examination failed to reveal any indication of the presence of picric acid, picrotoxine (the peculiar principle of *cocculus indicus*), of alum, copperas, or any adulteration whatever."

The inference is fair, therefore, that the symptoms of alcoholism are owing to alcohol, and not to other poisonous ingredients contained in alcoholic beverages.

NOTES AND COMMENTS.

Insufflation as an Auxiliary Method in Surgical Operations.

The *Revista Medico-Quirurgica*, No. 11, 1876, states that Dr. Montes de Oca, clinical professor of surgery in Buenos Ayres, has devised a method by which operations are greatly facilitated in regions where Esmarch's bloodless method is impracticable, as, for instance, in the neck. The Professor has employed this method with the most brilliant results in the surgical wards of the *Hospital General de Hombres*, during the past two years, for the extirpation of tumors. The method consists in the insufflation or injection of air into the connective tissue surrounding the tumor, causing the separation or isolation of the organs, and is performed in the following manner: A trocar is first introduced through the skin into the connective tissue in the vicinity of the tumor which is to be removed, the stylet is withdrawn, and the tube of a pneumatic pump connected with the canula, when two or three strokes of the piston will generally be found sufficient to cause the tumor to float on the distended cells. If the tumor be very large, it may be necessary to insufflate from two or more points. In performing the insufflation we should always take the precaution to compress the tissues at a certain distance from the tumor, in order to prevent the air from passing too far into the tissues. After this preparatory operation is completed, the surgeon cuts the integument covering the tumor with his bistoury, and then terminates the operation with his finger or with the handle of the instrument. "We have often had occasion to be present when the Professor has applied his method, and as often have we been obliged to admire its efficacy, and we cannot but feel amazed at the facility with which operations may be performed by this method. Among the operations that we have witnessed we remember some of great importance, that have proved, beyond doubt, the excellence of the method."

Hypodermic Injections in Hernia.

Reporting upon three cases communicated to the Société de Chirurgie in which strangulated inguinal hernia was easily reduced after the hypodermic injection of morphia, M. Le Dentu observes that in these cases the strangulation was recent, and although the injection certainly

assisted their reduction, it is doubtful how far they would have succeeded had the strangulation been more decided and of longer duration. If the surgeon is called to the case immediately, the injection may be of use by dissipating the pain and spasm; but if some hours have elapsed it will be always of less value than chloroform, which enables us to at once recognize whether the hernia is reducible or the operation necessary.

A Point in the Differential Diagnosis of Uræmia.

Mr. W. Whittle remarks, in the Dublin *Medical Journal*:—About the *diagnosis* of uræmia from brain disease, apoplexy, alcoholic poisoning, etc., considerable difficulty is sometimes met with, especially in those cases where a sudden attack is experienced for the first time, and where no history of any renal trouble can be found. In such cases great assistance will be had from careful examination of the condition of the heart, as nearly always distinctive modi fications of the heart sounds will be heard, as reduplication of one or both, intensity of second sound, etc.; differences also in the arterial tension and cardiac impulse. Of these none seem so constant or remarkable as muffling of the first sound.

The Relations of Wounds to Heart Disease.

In a memoir before the Paris Academy of Medicine, lately, Professor Verneuil laid down these propositions—1. Pre-existing cardiac affections appear capable of retarding or preventing the healing of certain wounds, by giving rise to local accidents, among which are hemorrhages and diffuse inflammations. 2. Wounds by the same local accidents and their consequences are liable to react on prior cardiac affections so as to aggravate them, and prematurely induce symptoms which in general only appertain to their ultimate period.

The Relation of the Size of the Nostrils to Deafness.

The following observation is made in the Edinburgh *Medical Journal*, February, by Dr. J. P. Cassells:—

Left-ear deafness, so long a mystery as to its origin, is explained by the fact that the ventilation of this ear is always more liable to disturbance, owing to the natural narrowness of the left nasal passages, and to their becoming more readily occluded by a congestion of their tissues as compared with the right nares, which, in 80 per cent. of the patients afflicted with deafness, is wider and roomier than that of the left side. But when, as happens now and again, we have a case of decided right-side deafness, with the left unaffected, we find invariably that the right nares are narrower than the left, which in such cases are roomy beyond ordinary experience.

Children in Factories.

In a recent report on this subject, to Parliament, by Mr. Roberts, he states:—

As a uniform plan for determining the physical requirements of the children, not only to assist the surgeon in the performance of his duty, but to protect the children, their parents and employers, from inexperienced or crotchety officials, he proposes the following:—

He would exclude, as physically too short of stature for factory work, boys of 8 years who were under 42 inches; of 9 years under 44 inches.; of 10 years, under 46 inches; of 11 years, under 48 inches; of 12 years, under 49 inches; and of 13 years, under 50 inches. The chest-girth of a child of 8 years should be 20½ inches; for 9 years, 21 inches; 10 years, 21½ inches; 11 years, 22 inches; 12 years, 22½ inches; and for 13 years, 23 inches; the increase being half an inch for each year. With regard to weight, a child of 8 years should not weigh less than 45 lbs.; one of 9 years, 49 lbs.; one of 10 years, 53 lbs.; one of 11 years, 57 lbs.; one of 12 years, 59 lbs.; and one of 13 years, 65 lbs.

Extirpation of the Larynx.

This formidable operation has now been performed nine times, in all instances for malignant disease. Only three of these cases lived more than six months after the operation. We cannot regard these results as encouraging; but it must be remembered that the operation, although bold, may yet be justifiable, and a fortunate result, even in one case out of ten, is not wholly to be disregarded.

The Rale Mouille.

Dr. Millon alleges that he has ascertained the presence of a special râle in pulmonary affections, which he calls râle mouillé, and which has, in his opinion, the highest importance from the point of view of diagnosis and prognosis. As a diagnostic sign, it denotes the

passage of pneumonia to the third stage; that is to say, the transition of red hepatization to gray softening and to purulent infiltration of the pulmonary tissue. As a prognostic character, this sign is a certain and invariable presage of death within a very short time; in fact, patients succumb within ten or twelve hours after its appearance. The following are the characters of this râle. It is a moist râle, in small bubbles of equal extent. These bubbles are a little larger than those of the fine crepitant râle. They have some points of resemblance to the mucous râle and some cavernous râles, but they differ essentially from them in the following respects. First, the râle mouillé is confined exclusively to inspiration. Secondly, it is much softer and smoother than the mucous and cavernous râles. Thirdly, the opening or rupture of the bubbles occurs isochronously with inspiration, and produces a sensation quite peculiar and quite homogeneous. Fourthly, there are not, as in the mucous râle, large and small bubbles, but all are of the same volume.

Epileptica.

Dr. R. K. Jones, of Miss., in a recent letter, describes a case of protracted convulsions in a mulatto boy, eight years old. He would remain five hours totally unconscious, one spasm following another without intermission. Large doses of ipecac, by mouth and rectum, as well as chloroform, failed to give relief. Such attacks occur every few weeks. They gradually pass off, leaving him sleepy and heavy.

The description resembles epilepsy, and we would suggest very full doses of the bromides, with a light vegetable diet, and a careful search for all sources of peripheral irritation.

Abscess and Hydatids of the Liver.

Professor Sänger, of Gröningen, records (*Berlin. Klin. Wochenschrift*, No. 12, 1877) two cases, one of hydatid of the liver, and the other of abscess of the liver, in which he cut down on the fluctuating region, then with a curved needle fixed the swelling, with four sutures, to the abdominal wall, and immediately opened it and evacuated its contents. In neither case was the liver adherent to the peritoneum. The incision was made in both cases under Lister's spray, and the hydatid cyst, which was as large as a man's head, was washed out with a 5 per cent. solution of carbolic acid. Both patients recovered completely within three weeks.

Correspondence.

Case of Rupture of the Uterus and Escape of Contents into the Peritoneal Sac.

Ed. Med. and Surg. Reporter:—

The subject of this letter was a negro woman, Katy, aged 40, weight about 110 pounds; the mother of five living children. Last labor twelve years ago, in Charleston, when she was (to use her own expression) "cut to pieces by the doctors."

Was summoned to her midnight, December 6th, 1876, but did not see her till the next day, 9 o'clock A. M. Pulse feeble; fluttering; extremities cold; surface cool; countenance ghastly, expressing intense anxiety. The colored midwife, a woman of more intelligence than ordinary among that class, informed me that she had been in labor for five days, and up to midnight the pains had been very severe, when suddenly hemorrhage from the vagina alarmed her, causing the messenger to be hurried off for me. From this time she had remained quiet, but anxious. The child could be plainly felt through the abdominal parietes, and its outline distinctly defined. The pelvis contracted and narrowed, its antero-posterior diameter unusually so. I inserted my hand with some difficulty through an os entire, finding the uterus contracted and feeling the puckered edges of a perpendicular rent through its body, on its anterior surface, its contents having been expelled into the peritoneal sac. Here was the first case of the kind with which I had been called to contend in a practice of fifteen years or more, which I partly diagnosed before making a per vaginam examination, from having recently read some reports published in the *American Journal of the Medical Sciences*, and some excellent monographs on the subject, together with the general literature of this formidable and frightful accident. The agonizing pains; their sudden cessation; the discharge of blood from vagina; the well-defined contour of child through the abdominal parietes, and the succeeding collapse, make up an unmistakable case. The mother in *articulo mortis*. No signs of life in the child.* Of course, my plan of action was plain, to wit, to leave her severely alone, which I did.

The woman's history, her previous labors, all difficult, and the one preceding this twelve years ago, in Charleston, under the doctors who "cut her to pieces" (scarcely probable that gastro-hysterotomy was performed, thus weakening the muscular tissues at this point, as I hear of no such operation at the time), indicate that the rupture was occasioned altogether by muscular effort, and the great resistance offered by the narrow pelvis. This idea was so impressed upon my mind that I did not deem it necessary at the time to request a post-mortem examination.

* Dr. Churchill avers that as soon as laceration of the womb occurs, the child dies.

The next inquiry, how should I have acted had I been present when the rupture occurred?

This I consider the most difficult question to answer, and one which, after carefully consulting the best authorities, I am unprepared to undertake. There is such a diversity of opinion among obstetric operators, that the patient enquirer after truth is left tossed on a sea of doubt. If he reaches up through the contracted rent, succeeds in securing the feet, turning and dragging down and into the little ball, and delivering *per vias naturales*, I repeat, if he can do this, he has good authority for it; notwithstanding he incurs the risk of renewing the hemorrhage, of wounding the soft parts of the mother, of dragging, tearing, etc. But if he elects he can speedily proceed to perform gastrotomy, and deliver, perchance (if Churchill be true, certainly), a dead child, but undoubtedly with more safety to the mother. I am glad, truly, to see the disposition on the part of obstetric operators to attribute the results of these, hitherto "frightfully unsuccessful" operations to the fact of their having been practiced as a *dernier resôrt* instead of by election.

Blackville, S. C. L. C. Stephens.

The Use of Gallic Acid in Phthisis.

Ed. Med. and Surg. Reporter:—

While there has been advancement in the knowledge of the cause and symptoms of phthisis, the treatment has not progressed sufficiently to enable us to control its terrible effects in almost any degree. As a celebrated German writer says, "The physician often merely prescribes for form sake," and when he has used the stimulating expectorants, etc., the chances are that he has aided the disease to destroy the lung and the patient's strength. Being in a position where I have a large number of applicants suffering from this malady, I have devoted considerable time and study to the various modes of treatment, and have adopted a method which I have employed in practice, and obtained what I consider valuable results, having furnished, at least, greater relief by its use than by any other means.

The agent employed is *gallic acid*, and my reasons for employing it are as follows: it is an astringent; will reduce the irritation and inflammation of the bronchi and trachea; relieve the cough, and by a species of tanning, will harden the lung tissue, and prevent the destruction of the organ. When an abscess has been formed, a cicatrix may be secured, which enables the lung to resist the deposits from becoming embedded in the tissues, and prevents the formation of additional abscesses. This, I think, is of great importance in the treatment of this disease. This acid has been used with good results, as every physician can attest to, in cases of local irritation and inflammation, such as laryngitis, tonsillitis, and inflammation of the bowels; it has also been found a valuable remedy in hemorrhage; and by the accomplishment of these results, the patient's strength will be saved, and the progress of the disease arrested.

The cinchona bark has been used with many good results in the treatment of this disease; and one of its principles is tannic acid.

The salicinous acid, which is used with such good results in the treatment of inflammation and febrile conditions, contains a large percentage of tannic acid. The cherry bark, or *prunus virginiana*, which is the vehicle of so many expectorants, contains this agent, tannic acid.

Out of two hundred cases treated during the past seven months, I found but two whom this remedy would not relieve, yet one of these would, I think, have found relief, had she continued the treatment. Five died, and they had their suffering greatly alleviated by the use of this remedy. The formula I generally use is as follows:—

℞.	Acid. gallic.	ʒj
	Pulv. doveri,	ʒss
	Pulv. cubebæ,	ʒj
	Pulv. acaciæ,	ʒij
	Pulv. glycyrrhizæ radicis,	ʒss M.

Sig.—Half teaspoonful, *dry*, every three or four hours.

In presenting this statement, I do so to invite the consideration of the profession, and ask a trial, and I believe they will obtain such results as will cause them to advocate its use, and be the means of arresting the progress of this disease. Wm. H. Hutt, M. D.

Church Dispensary, Southwark, Philada.

An Efficient Vermifuge.

Ed. Med. and Surg. Reporter:—

I saw, by the Reporter of April the 7th, among "Queries and Replies," a prescription for ascarides. Meeting a patient on the road, I hastily prescribed—

℞.	Quiniæ sulph.,	gr.x
	Chinoidine,	ʒj
	Mass. hydrarg.,	gr.xij
	Ol. pip. nig.,	q.s. M.

Fiat.—Pil. No. xvj.

Sig.—One pill every two hours, for malarial trouble; and for ascarides—

℞.	Acid. carbolici,	f.ʒss
	Pot. chloratis,	ʒss
	Aquæ font., ad. q.s.	℥ij M.

Sig.—Use f.ʒiv every morning, as an injection.

The pills were taken as directed, and two days following the enema was given; twenty minutes after its administration a discharge was produced, and with it came about five feet of tænia. There had never been any expulsion of tænia, and the only symptoms which had been produced which were in any way analogous to it were pain in the abdomen and a burning and itching around the anus. Acting on the principle "let well enough alone," I ordered the continuance of the carbolic acid and

chlorate of potash enema, enjoined total abstinence from food, and directed an emulsion of pumpkin seed to be taken at night. In the morning the second injection was taken, and half an hour afterwards the tænia was expelled entire, measuring in toto about twenty feet.

Apropos. Did the enema produce the expulsion by its therapeutic effect, or was it merely mechanical? G. W. MARSHALL, M. D.

Milford, Del., April 24th, 1877.

Spontaneous Reduction of a Dislocated Humerus.

ED. MED. AND SURG. REPORTER:—

The following item, if thought worth while, for its curiosity, may be published. Mrs. A., a lady over threescore and ten, a resident of this village, upon rising from her bed on the morning of September 10th, 1874, fell forward from a paralytic stroke, striking the point of her left shoulder against a piece of furniture with such force as to result in dislocation downward, and also fracture of the clavicle at its acromial third. A physician was called, but it appears that he overlooked these injuries, and from the paralysis, by loss of sensibility, the patient made no complaint of pain. In due time the clavicle reunited, leaving some little deformity. The head of the humerus remained in the axillary space just two years and six months, when, on the 10th ultimo, she slipped and fell upon the left arm and side, when lo, upon arising, she found she had perfect use of the arm, being again able to raise the elbow from the side, and to her great surprise and satisfaction, the deformity at the joint had disappeared, and the full and free use of the member was restored. There seemed to be no obliteration of the glenoid cavity or absorption of the head of the humerus, nor yet any swelling, pain, or other unpleasant results arising from the reduction of the joint after being so long out of place.

Respectfully, RALPH DAVENPORT, M.D.

Ada, Ohio.

Kerosene Oil in Croup.

ED. MED. AND SURG. REPORTER:—

In No. 15, present volume, page 343, E. W. Harvey, M. D., of New Jersey, makes the following inquiry through the REPORTER: "If any of its readers ever heard of treating membranous croup with kerosene oil?" On the night of January 1st, 1874, I gave the first dose of kerosene oil for membranous croup, with decided relief in less than half an hour. To the patient, aged three years, I gave half a teaspoonful in a little sweet milk, doses half hour apart. During the past winter I gave it with the same good result. As the doctor says, I gave it as the "last resort" in both cases, and would not hesitate now to give it again, under similar circumstances. Perhaps others have had more experience than I have. J. A. INGLES, M.D.

Morea, Ill.

NEWS AND MISCELLANY.

Bogus Veterinary Diplomas.

On April 25th a final hearing was had in this city, before Magistrate Pole, of the charge against Robert McClure, calling himself Dr. McClure, of selling "bogus" diplomas. At the previous hearing it was testified that a diploma of the "Veterinary College of Philadelphia" had been bought of defendant for $120, after a correspondence had taken place between McClure and a person whose purpose was to detect him in the alleged cheat, the Veterinary College of Philadelphia not being in existence at this time.

Dr. Alfred L. Elwyn, of No. 1422 Walnut street, whose name was signed to the diploma, was called as a witness. He was shown one of the diplomas, and was asked if it was his signature, and he replied that it was not. I was, he said, president of the college seventeen or eighteen years ago; I can't tell if it is now in existence or not; have not had any connection with it since 1862. Other diplomas were now shown to the witness, and he said he had never seen them before; had never signed them, nor authorized any one to sign for him.

Thomas C. Davis, job printer, testified that he printed fifty copies of a diploma similar to one shown to him, and that Robert McClure ordered them.

Jesper H. Warren, Professor of Penmanship, testified that he filled up the diplomas, and wrote the signatures upon them, at the order of Robert McClure. He had often filled up diplomas (not medical) for other people. This closed the testimony, and the accused was held in $3000 to answer the charge of false pretence; also two other charges under different sections of the penal code, relating to the issuing of "bogus" diplomas.

Medical Practitioners in Ancient Rome.

In a paper read before the Académie des Inscriptions, Dr. Briau relates the results of his investigations as to the official condition of medical practitioners in Rome. Under the kings and the republic, mostly of servile origin, freedmen or the sons of freedmen, they had no administrative existence, or any relation to the State. Social medicine, legal medicine, and public hygiene were unknown; and any person might, at his own risk and peril, practice the art of healing. The law punished with exile any one of high rank (*honestior*) who administered a fatal remedy; while any one of low condition (*humilior*) was punished with death. This was an application of the common law. Midwives were treated with more consideration, the *lex Cornelia*, regulating many of their procedures, providing, among other things, that when a pregnant woman died her abdomen should be opened, for the extraction of the child. It was not until the dictatorship of Julius Cæsar that the condition of practitioners

was improved, one of his decrees honoring, with the much desired right of citizenship, those who practiced medicine in the capital. From this time the position of the profession became estimable, and was sought for by many men of merit. The movement soon spread to provincial towns, wherein, too, the right of citizenship proved a great attraction. Almost all the early emperors exhibited a desire of attaching distinctions and prerogatives to the profession, and practitioners intervened directly in the administration. The institution of *archiaters*, or official practitioners, introduced them into the palaces of the sovereigns, the municipal assemblies, and the public schools. Augustus first organized a military medical service.

Scarcity of Subjects in Paris.

Paris, which formerly used to be so abundantly supplied with subjects, is now, according to the *Union Médicale*, suffering from a scarcity somewhat like that which prevails in London. The students of the Ecole de Médicine have recently been informed that they can only dissect at the Ecole Pratique for half the time formerly allowed for their 20 frs., on account of the number of applicants and the scarcity of bodies. It often happens that, in spite of every wish on their part, the students are only able to dissect a thigh or an arm during the session. This paucity of subjects is said to be due to the intervention of the religious societies, who buy up, for the purpose of burial, the bodies of unclaimed persons who die in the hospitals. It is suggested that the example of Germany should be followed, and unclaimed bodies be brought by rail, preserved in ice, if necessary, from the hospitals of provincial towns situated within a radius of thirty leagues around Paris.

Consumption of Alcohol in Great Britain.

The following figures are given by the *Medical Times and Gazette*: Duty was paid in 1866 on 29,950,288 gallons of home-made spirits for consumption as a beverage in the United Kingdom; this quantity is less by 155,819 gallons than that of the preceding year. The 16,438,135 gallons for consumption in England show a decrease of 304,633 gallons; but the 6,971,138 gallons for Scotland show an increase of 98,668 gallons, and the 6,541,015 gallons for Ireland an increase of 50,146 gallons. The 11,487,795 proof gallons of foreign spirits, entered for consumption in the United Kingdom in 1876, were 294,855 gallons less than the quantity imported in the preceding year. The two returns together show a total decrease of more than 450,000 gallons.

Medical Society of New Jersey.

The 111th annual meeting of the Medical Society of New Jersey will be held in the Assembly Rooms, Taytor Hall, at Trenton, on the 22d of May, 1877, at half past seven P.M., and will continue in session the following day.

WM. PIERSON, JR., *Secretary.*

Personal.

—We understand that Dr. Thomas Addis Emmet, of the New York Woman's Hospital, is engaged on a comprehensive work on Gynæcology. This information will be of special interest to gentlemen who have attended Dr. Emmet's operations and demonstrations at that institution.

—Dr. John McKelway, a prominent physician in Trenton, died in that city a few days ago, aged 98 years. Deceased was born in Scotland in 1778, and came to Trenton nearly sixty years ago, and resided there up to the time of his death.

QUERIES AND REPLIES.

Reply to Anxious—"Treatment of Leucorrhœal Discharge following Dysmenorrhœa," April 21.

R. Tinct ferri chlo., gtt. viij to xij;
Potassæ arsenatis liquor, gtt. vj to viij;
Glycerinæ, ounce ss.
Aquæ, q. s.

Given half hour after each meal.

Combined with cold hip baths and other suitable treatment to restore the general health, this recipe is usually successful. GEO. C. CATTELL, M.D.

St. Josephs, Mo.

In answer to *Anxious*, of April 21 (if there is no displacement of the uterus), I would suggest the following treatment. Introduce carbolized sponge tent, once between periods, and give the following after the third day of menstruation:—

R. Tr. erigeron, drachm ij;
Squibbs' fl. ext. ergot, ounce ss;
Aquæ cinnamomi, q. s. to make ounce iv. M.

Sig.—Teaspoonful every four hours until menstruation and leucorrhœa ceases.

Meadville, Pa. D. R. G.

MARRIAGES.

APPLE—FLEMMING.—On the 15th of March, at the bride's home, in Easton, Pa., by Rev. J. R. Groff, of the Lutheran Church, Miss Emma Frances, daughter of the late Christian Flemming, and Dr. Samuel S. Apple, of the City of Allentown, Pa.

CHRISTINE—WILLS.—March 28, in Philadelphia, by Rev. W. W. Christine, assisted by Rev. A. E. Ballard, W. Ballard Christine, M.D., son of the officiating clergyman, and Miss M. Ella Wills, of Philadelphia.

LEAKE—SABIN.—At Williamstown, Mass., Thursday, April 19, by Rev. A. B. Jennings, Mr. Frederic Leake and Elizabeth, daughter of Dr. H. L. Sabin.

MONTGOMERY—FITCH.—In New York, on the 19th inst., at the Church of the Incarnation, by Rev. J. Cotton Smith, D.D., assisted by Rev. Arthur Brooks, John Howard Montgomery and Annie Glover, daughter of James D. Fitch, M.D.

TYTLER—SECOR.—Wednesday, April 18, at the residence of the bride's parents, by Rev. W. W. Taylor, George E. Tytler, M.D., of New York, and Miss Lizzie E. Secor, of Youngsville, N. Y.

DEATHS.

BALL.—In New York, on Sunday, April 22, of pneumonia, Eliza W. Ball, wife of Dr. Alonzo S. Ball.

HUNTINGTON.—In West Randolph, Vt., April 7, of consumption, Dr. E. Huntington, aged 37 years, 5 months and 8 days.

WHITTAKER.—In Dallas, Oregon, Feb. 20, 1877, Mrs. Dr. F. E. Whittaker, aged 25 years, 1 month and 20 days.

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Communications.

PAPERS ON EPILEPSY.

No. 1.—EPILEPTIC PREMONITIONS.

BY C. C. VANDERBECK, M. D.,
Of Philadelphia.

Thinking it would be of interest to the profession to have collected in one paper the various prodromic phenomena of epilepsy, I have gathered from every available source numerous illustrations of these curious and widely differing manifestations.

The examples are culled from every article on epilepsy, whether contained in works of practice of medicine, or in books devoted especially to the consideration of the nervous system. I have blown the dust from many an old and quaint volume; and every available library and second-hand book store in this city have been frequented for material; files of journals running back for ten and twenty years have been examined. I have also had free access to the valuable reports of the Nervous Infirmary. Besides all these means of gaining the desired information, many eminent physicians, among whom are some devoting their special attention to nervous diseases, have freely given me the instances of epileptic prodromes and auræ occurring in their practice. My classification of this material is simple, requiring no special explanation.

I.—Sensorial Phenomena.

A.—SPECIAL SENSES.

1. *Sight.*—Derangements of vision are considered by authors to be among the most common prodromic symptoms of the disease under consideration. These disturbances are of such a character as dimness of sight, temporary blindness, double, partial, or luminous vision, and optical illusions. Some of these conditions are brought about by a change in the physical apparatus, as strabismus, an altered state of the pupil, oscillatory movements of the iris, or an undue prominence of the ball. I am attending a patient in whom there is a marked protuberance of the right eyeball for a number of hours previous to the attack, and which serves as a warning to increase the dose of bromide of potash. Professor Dickson, in one of his works, relates that a patient of his was always sensible of a "green taste" just before a seizure. This he understood to be a "consentaneous impression made upon the optic nerve, presenting the color green, and an undefined impression on the gustatory nerve, which she confusedly connected with it." Dr. Gregory mentions a case of an officer whose paroxysm was always preceded by the spectre of a little old woman dressed in a blue cloak, who issued, as he imagined, from the corner of the room, and knocked him down with his stick. Dr. Fothergill attended a Quaker who always fancied he saw his garb covered with spangles before he fell into a fit.

Dr. Jackson cites the case of one of his patients who always saw blue just before an attack. Most authorities who speak of "seeing colors" before a seizure claim that red is the usual hue seen. Saurager mentions the fact that a certain woman subject to epilepsy saw, during the paroxysm, dreadful spectres; real objects appeared magnified, a fly seeming as

large as a fowl. In this case the premonition certainly must have been considered as part of the paroxysm, or, at any rate, unconsciousness was not complete.

Dr. Hammond has a case, a young gentleman, in whom the epileptic attacks are preceded invariably by a period, which lasts several hours or even a number of days, of "seeing small," everything appearing diminutive.

Marcy and Hunt speak of a lady who experienced perversion of sight before her attacks of epilepsy. She says everything looks differently, how, she can't describe. She has often tried to explain this peculiar sight, but fails.

2. *Taste.*—I find no report of an epileptic premonition confined to the sense of taste. In fact, the only instance of its being in any degree involved, is the case of "green taste," cited above.

3. *Smell.*—Professor Meigs, in a late lecture, related a case occurring in his practice, in which the man observed a distinct smell of strawberries before each paroxysm of convulsions.

M. Gonzalez Echeverria mentions a female, age 36, in whom the fits were announced by an odor of smoke, and numbness in the left arm. No symptoms of motor paralysis accompanied this diminished tactile sensibility. The sense of smell was totally lost on either side. This, of course, does not contradict the statement that an odor of smoke preceded the fit, as this was simply a subjective sensation, or hallucination. Romberg states that sight and hearing are affected more commonly than the sense of smell.

4. *Hearing.*—Dr. Hammond says one of his patients, a man, heard his name called just before a seizure. Marcy and Hunt mention a man patient who was made aware of the coming convulsion by ringing in the ears. "Sharkey knew of a case of deafness, or a sense of humming or roaring, as of the sea, or other noises."

5. *Touch.*—When the sense of touch is the seat of the hallucination, the term aura epileptica is used to express it. While "aura" has come to mean any premonitory sign, it is more properly applied to the sensation of a "breath" or "gas" ascending from some portion of the body, and exploding at the epigastrium, in the throat, or in the head. In other words, it is the term for the premonition when it is situated or has its origin in the cutaneous nerves, as well as those of a cerebral origin, referred to the periphery. This distinction, however, is not strictly observed, the most varied and vague phenomena being called auræ. Dr. Elliotson "speaks of a patient that had two auræ, each of which ran along the dorsum of each foot, ascending up the front of the legs and thighs to the trunk, where they broke into five streams, all of which again met at the epigastrium, and having reached this point he fell into the fit." In the reports of the Nervous Infirmary, I find several cases having genuine and distinct aura epileptica. 1. Man, aged twenty-five; has an aura that runs up his back to the head; the arms now fly out, he then falls, becomes unconscious, and then is convulsed. 2. Girl, aged twenty-one. The fit is often preceded by an epigastric aura. The sensation is not always described as a puff of wind, but it is often explained as being a numbness, queer feeling, tingling, and so on, but in all these cases, as a rule, the peculiar sensation advances from a certain part upward, until unconsciousness comes on.

A very curious case is that of a girl, æt. nine, coming to this same institution, who complains of chilliness before each severe attack of convulsions. She shuts down the windows, and says she is very sick. This continues for a minute or two, and then the spasm occurs. From the same records I obtain the history of a woman, æt. 25, who has a pain and "strange feeling" in the arm, and which seems to pass all over her; then she becomes unconscious; also that of a girl, æt. 13, who has a "tingling" of the left hand, as an immediate prodrome; and still another, of a man, æt. 32, who has an aura of sufficient length to allow him time to seek a place to lie down. The notes do not give information of the situation, nor of the character, of the aura. Dr. Thomson, of Edinburg, relates an instance of an epileptic aura commencing in an old cicatrix in the side. Sir Thomas Watson mentions the warning sensation as originating in the thumb of one of his patients, which presently became twisted inward; and he could sometimes prevent the complete expression of the fit by tying his handkerchief tightly around the thumb. Prof. Dickson relates an aura in a lady patient. "It began in the inside of the thigh, near the groin, and was attended with vertigo, some nausea, and great distress, mentally and bodily." This uneasi-

ness was lessened, and a full-formed attack prevented by pressure made on the groin, and this gave not only a negative relief, but was productive of intense positive pleasure. She would be bruised for weeks on account of this pressure, made by her attendants. There is a curious case on record.* A gentleman had a number of carious teeth removed, and an artificial set inserted. In a short time afterward paralysis of the face and tongue resulted, and was followed by a series of epileptical seizures. Just preceding the convulsion there was a peculiar drawing of the mouth, from which the aura originated. In the same journal, Sept. 28th, 1872, is reported the case of a Swede, æt. 27, who was usually warned of the approach of an attack by a distinct aura beginning in one hand. He was able sometimes to avert the fit by clenching the fist of this side with all his force, or laying violent hold on some hard substance, as a table or chair. And still another, from the same source, in the August No., 1862. A boy, æt. 14, has the feeling of pins and needles creeping from the toes upward, and followed in a few seconds by a fit. Galen mentions an aura, in one of his patients, of a "cold wind" ascending to the head. Paulus Argineta attended a pregnant woman who had fits which were preceded by a sensation of cold air ascending from the uterus to the brain. Cullen often observed that these auræ never distinctly follow the course of a certain nerve, but generally pass along the integument. Sieveking relates one case having an aura ascending from left hand to brain, and a second patient with a creeping sensation from tip of fingers to face, with spasm of the muscles of the parts through which the sensation passed. Sharkey states that in rare cases the aura issues *from* the head and goes downward.

B.—PAIN.

Sieveking relates a case preceded by a pain in one or both temples; and a second, by pain across the shoulders. Donat attended an epileptic woman subject to pain in the breast and a sensation of a vapor ascending from it to the brain, just previous to the attack. Echeverria and Radcliffe each had an epileptic in whom pain, exclusively confined to the tongue, was the prodrome. Mitchell has a case in which the attack is preceded by violent pain in the stomach, and also one in which the premonition consisted of violent pain in the heart, and which then ran down the left arm.

C.—VERTIGO.

Sieveking, in his analysis of 52 cases of epilepsy, found vertigo existing as a prodrome in four individuals. Dr. Cornell, in April 8th No., 1865, of MEDICAL AND SURGICAL REPORTER, reports a case of a man who had his head injured and became epileptic, and whose attacks were preceded by vertigo of a sufficient length of time to enable him to seek a place of safety.

GENERAL UNEASINESS.

Under this head may be included all those vague sensations that the patients find so difficult to describe. A boy, age 11, attending the clinics of the Nervous Infirmary, says his head and his whole body feel very badly before he loses consciousness. The clinic book of this hospital refers to a woman, age 22, who experiences a sense of heat in the head just prior to unconsciousness. It also relates the case of a man, age 22, who, with some nausea, has a strange feeling in his head, and also the case of a man, age 24, whose epileptic seizures have never advanced beyond "*petit mal*," and who has a premonition in a "queer sensation in his throat." And still another, of a woman, 22 years of age, who has a feeling of general numbness before the attacks of *petit mal*. She never is affected with the "great" attacks.

Sieveking mentions a case in which general languor and drowsiness were prodromes of a fit; another with languor and biliousness; another with a sensation as if something were closing the patient in.

A very interesting instance of mixed sensorial phenomena is related in Echeverria's work on epilepsy. The patient "could tell for an hour or two before going into a fit that it is coming on, by a peculiar lameness that comes over the legs, and then a dreadful pain in them, extending to the groins, hearing, at the same time, the ringing of distant bells, which recedes as the fit approaches." Sieveking says one of his patients having a sensation passing from his stomach to his head described it as being *pleasurable*. He calls attention to the fact that children show the alarm they experience by these vague sensations "by running to and clinging to their nurses or mothers."

* MEDICAL AND SURGICAL REPORTER, of Phila., Jan. 26th, 1861. Editorial Dep.

II.—Mental and Moral Phenomena.

A very remarkable case has lately appeared at the clinics of Dr. Mitchell. A boy, age 10, a few weeks ago became epileptic after a severe fall from a high fence. He has two or three fits a week. For an hour or two before each attack he is maniacal, acutely so, and his whole moral nature is perverted. He gets intensely angry, tears his hair and clothes, strikes his parents, swears, and is almost beyond control. This is followed by all the manifestations of a full-formed epileptic attack. When well, the lad is a very pleasant, polite and moral boy. Mitchell relates in private practice he has seen forgetfulness of words, simple irritability of temper, and a sense of terror, as precursors of epilepsy. Tissot quotes from Peiroux "the case of a young man, who, when his fits came on, thought he saw a carriage drive up at a gallop, and with great noise, containing a little man in a red bonnet; fearing to be crushed by the carriage he fell down stiff and unconscious. Sieveking says, "The premonitory symptom is generally accompanied by a sense of fear and terror." Sharkey writes of a case who used to reply to fancied questions, when no one had spoken.

Numerous references are made by authors to changes in the intellect; I refer not so much to those frequent conditions of degeneracy, the result of the epileptic habit, but certain changes of mind that may precede a convulsive seizure.

Emotional Phenomena.—Dr. Paget published a very interesting case, in which frequent bursts of unmeaning laughter showed themselves in an epileptic subject, as the precursor of his fits. They occurred day after day, and several times in the day, and also at night, when the patient was asleep. The laughter lasted about a minute, and then generally ended like the laugh of a person tickled by something ludicrous. It was not loud and unnatural, like a hysterical laugh, and his face had the natural expression.

All authors refer to depression of spirits as prodromic of a seizure. Sieveking calls attention to a curious feature, verified by cases in my own personal experience, that in many instances the patients are in "particularly good health and spirits at the time of their attacks, so much so, that some are almost afraid of feeling thoroughly well, for fear of a seizure." Dr. Bright mentions as a constant forerunner of an attack, in some cases, an unusual flow of spirits for a day."

III.—Motorial Phenomena.

The notes of the Nervous Hospital contain several cases having motorial manifestations as prodromic of epileptic convulsions. Among these is a boy aged fourteen, who is made aware of an approaching attack by the shaking of one of his hands, which one is not mentioned; also a girl, aged nineteen, in whom her fainting spells, *petit mal*, are preceded by drawing up of the right forearm. She is able to abort the attack or spell, as she calls it, by squeezing or rubbing the hand. Another girl, aged twenty-one, before her lighter attacks, changes color, becoming very red, and while the attack is on she strokes her clothes, holds up a finger, stamps her foot, says never mind, walks up stairs and down again, looking very pale. A boy, aged eleven, feels a tingling in his foot; it then begins to shake, soon followed by a fit. Prof. Dickson relates a case in which there was a tendency to *run backward* just before the attack.

Echeverria tells of a girl, twenty-two years of age, who had an uncontrollable impulse to run just before her accustomed fit. "If held at the start and violently shaken, the paroxysm would occasionally stop." He also minutely describes two interesting cases of motor aura. One of a clerk, aged twenty-eight, who for three months after convalescence from typhoid fever was affected with pain and cramp of the right leg. This, at the end of three months, terminated in a convulsive seizure. In addition to the cramp, however, he experienced a terrible feeling, which spread from the foot upward, until he lost consciousness. These phenomena preceded each attack, which occurred at irregular intervals for several years. In a parenthetical way, I may add that neither tightened ligatures nor bromide of potash affected in the least the seizures. Blistering below the knee, and hypodermics of morphia were more successful means. The second case was a girl, fifteen years old, who was affected with epileptic attacks without unconsciousness, preceded by motor auræ starting from the right little and ring fingers. Dr. Mitchell read me, from his private notes, of a twelve year old boy affected with this mysterious disease in question, who runs forty or fifty yards, then falls into his usual fit. Schenck relates a case of epilepsy in which the patient, before the seizure, was repeatedly turned round in a circle and then fell to the ground in an ordinary paroxysm.

Peiroux mentions a man who, before becoming unconscious, was compelled to run backward ten steps. Sieveking quotes from Dr. John Andree's writings thus: "Rebecca Cole, aged sixteen. Before her seizures she first perceives a weight in her head, which makes her hang it down; then a tremor all over ensues, and a sense of faintness; *she then runs till she meets with some resistance*, then falls down, struggles at first, after which she lies still and gradually recovers." Reynolds says, "loss of motor power is sometimes the forerunner of an attack." Tissot states this to be especially the case in the aged. Romberg mentions, also, loss of motility as premonitory.

These motorial premonitions are often complicated with various other manifestations. A girl, age 13, a patient at the Nervous Infirmary, wants to lie down; commences to scream; complains of pain in stomach; extremities move; then becomes unconscious. Several cases under other sections, it will be remembered, had motor symptoms as part of the prodromic phenomena. In Sieveking's analysis of quite a number of epileptic cases, he mentions several motoriol prodromes. 1. Sense of tremor with formication in right hand. He does not say whether the tremor was real, something more than a mere subjective sensation, but probably there was actual tremor. 2. Shaking and queer sensation in hand. 3. General tremor attended with a sense of suffocation. 4. Smacking of the lips. 5. Loss of power in the left hand for twenty minutes before the fit.

IV.—Gastric Premonitions.

I obtained from the notes of the Nervous Infirmary of this city the history of an epileptic girl, who suddenly feels very sick at her stomach, turns and speaks to her mother, but falls in the fit before anything can be done for her. A lad, age 13, complains of a pain in his stomach, becomes very hungry, and is able to walk some distance before he is convulsed. Dr. S. Weir Mitchell told me of a private case, in which vomiting and purging preceded for several hours, and sometimes for a day or two, the attack; and also one of great weight in the epigastrium for a time before the seizure. I. Frank states "that in twenty-one epileptics treated in the clinical wards of the hospital at Wilna, vomiting announced the paroxysm in seven." Dr. Radcliffe mentions an "intense feeling of hunger as a prodrome." Hasse describes epigastric pain, "nausea, and rumbling."

V.—Cardiac Premonitions.

This seems to be a rare form of premonitory manifestations. I found in the Medical and Surgical Reporter, November 6th, 1875, the records of an epileptic case, in which palpitation seems to be a frequent or usual prodromic symptom. Sieveking had a patient who experienced a peculiar feeling about the heart before the paroxysm of convulsions. Dr. Mitchell has seen a few cases with pain or palpitation as a premonition.

VI.—Secretory and Excretory Phenomena.

Dr. Weir Mitchell related to me, a few days ago, a case having the most curious premonitory sign of a very disagreeable odor from the surface of the body for a day before the seizure. The parents of the epileptic child are always forewarned of the attack by the characteristic odor. Sharkey notes "copious discharge of watery, or of loaded and offensive urine, hæmaturia," fetor of the fæces. Dr. Schönbrin says the serum of blistered patients becomes acrid before the paroxysms. Portal speaks of salivation as a premonitory symptom.

VII.—Premonitions During Sleep.

Hammond relates curious auræ that occur during sleep, followed by an epileptic seizure, and that these persons can remember the sensation of warning afterward; that is, the persons dream the aura. The curious feature is that this may occur a number of different times, or every attack be preceded by the very same dream. He tells of a gentleman who *invariably* dreams of some great calamity happening to his head, that he is being decapitated, or that the skull is being perforated with an augur, etc. He also tells of a lady, thirty years old, who always dreams that her father is attempting to kill her. The fit usually occurs on the following day. Tissot refers to the possibility of dreams indicating the approaching paroxysm; and he gives the case of a man who dreamed that he was pursued by a bull, and soon after waking was seized with a fit.

VIII.—Unclassified Phenomena.

Under this caption I have placed some premonitory manifestations that are not easy to arrange under any of the preceding classifications.

Dr. Cooke relates a case in which the ap-

proach of a paroxysm was indicated by a peculiar blue color of the lips. "I. Frank saw the paroxysm preceded by an eruption over the whole body, except the face of the vitiligo alba."

Sharkey knows of a case where the fit was preceded for some days by a paleness of the nose and around the mouth; one of trembling of the iris, or alternate contractions and dilations of the pupil.

Sieveking gives "flushing of the face for several hours previous," "turgidity of the face for two days," and "a short coughing spell," as prodromes.

Reynolds saw duskiness of the skin, especially of the face and neck, as a premonitory sign. It often appeared from four to twelve hours before an attack.

M. Jackson mentions a slight swelling of the hands, and lividity of the ends of the fingers.

Radcliffe says, "Some complain that nothing will warm them, or keep them warm."

Authors differ as to the proportion of cases having premonitory symptoms.

Bristowe says, half of the cases have auræ.

Delasiaure found in 264 cases of epilepsy 101 unannounced, and 183 with premonitions. Out of these, 150 were immediate, and 33 more or less remote prodromic exhibitions.

Georget estimates that in 95 cases out of 100 there are no premonitory signs.

Dr. Sieveking has noted warnings in 48 cases out of 104, little more than 46 per cent.

Hartshorne says premonitions occur in a minority of cases.

Wood, Geo. B., says these signs are frequent, and sufficient to warn the patient of the approach of a paroxysm.

M. Bean (*Archives Générales*, tom. ii) reports that the paroxysms are preceded by symptoms of this kind in half of the cases.

Romberg and Mitchell agree with M. Bean.

M. Herpin discovered prodromata "in but nine of thirty-five individuals.

Reynolds found in eighty-one epileptics, prodromes present in thirty-five cases, positively none in thirty-three, doubtful in thirteen cases. In three hundred and six cases reviewed by Echeverria, ten per cent. of the males, and 11.53 per cent. of the females were admonished of an attack by auræ. Sharkey teaches that they are more generally observed in the symptomatic than the idiopathic form of the disease.

In regard to the relative frequency of these different groups of phenomena, sensory disturbances seem to be the most frequent, then mental, moral, and emotional, then motorial. Sieveking says that the sensations referred to the trunk or extremities are more numerous than those which are described as having their seat in the head.

Some of the results arrived at in this review are:—

1. That sex seems to make no difference as to the frequency of the prodromata. In regard to this point Reynolds says: "As to sexual differences there are none of any note, except the fact that from the female sex it was more difficult to obtain reliable information than from the male."

2. That premonitions do not seem to bear any relation to the severity or the malignancy of the disease.

3. That they may occur before "*petit mal*" attacks, as well as before the greater seizures.

4. That they cannot serve as important diagnostic phenomena, as in at least half of the genuine cases they are absent.

5. That the presence or absence of a premonition offers special indication as to treatment. If the warning is of sufficient length, it enables the patient often to ward off an attack, and also allows a place of safety to be sought.

NOTE.—Since writing the above, Dr. Weir Mitchell has had a case in his practice, where an epileptic woman, before each attack, saw *her own head* descending from the ceiling; when it was opposite her eyes she fell into the fit.

THE MEDICINAL USE OF ALCOHOL AS AN EXCITING CAUSE OF INEBRIETY.

BY T. D. CROTHERS, M.D.,
Assistant Physician, New York State Inebriate Asylum, Binghamton, New York.

The assertion that inebriety comes from the indiscriminate use of alcohol in the sick room is not confirmed by the history of cases received here. Cases where inebriety seems to have followed some illness in which stimulants were given, can be traced to a peculiar diathesis or predisposition which has existed before, and the alcohol, if influential in producing the inebriety, acted simply as an exciting cause.

In the history of one hundred cases received here, only ten seem to have followed the use of alcohol as a medicine. In four of these cases inebriety existed in the family as an inheritance—viz., in two the immediate ancestors were

drinking people; in the third the grandparents were inebriates; in the fourth one the grandfather on his mother's side was a drunkard, and his uncles were also drinking men. In two cases insanity was present in the parents, with a well marked diathesis. In one case epilepsy had existed for two generations back, and was present in a brother of the patient. In another case consumption had been the prevailing disease in both parents, and two sisters of the patient had died of it. Another case was obscure, although there was some evidence of early drinking, and a long period of abstinence, which was broken up when alcohol was given as a medicine. The last case gave unmistakable evidence of a nervous diathesis, that would lead with certainty to this disorder.

We believe further statistics will confirm these facts, and indicate that inebriety beginning or following the use of alcohol given medicinally in a previously healthy case, free from inherited diathesis to either inebriety or insanity, is not common.

As a class, inebriates manifest great readiness to refer their disorder to some specific cause or event, of which a physician's prescription is very common, but these cases are not often confirmed by close examination. As an instance of the great injustice to the physician which may follow, we give the following:—A lawyer, much respected, was injured by a railroad accident, and during convalescence was given liquors, ending in uncontrollable drunkenness. The physician was greatly blamed, and eventually lost his practice. This patient came here for treatment, when it transpired that his parents and grandparents were inebriates, and that the patient was in early life a drinking man. The physician was not directly responsible, because he did not know his past history, and probably did the best thing for the case as then understood.

The class of cases where alcohol given as a medicine may be dangerous, as an exciting cause, are those in which inebriety, insanity, epilepsy, and general neurosal affections, associated with or without nutritive perversions, cerebral or spinal inflammations, etc., are inherited. Alcohol as a medicine in these cases, is not of necessity followed by inebriety, but there exists a constant tendency to develop this disorder, which increases with the duration of its administration.

There are conditions of disease associated with both disorders and lesions of the nervous system, in which alcohol as a medicine, when used freely, seems to produce obscure conditions of intoxication, apparent in cerebral hyperæmia, paralysis, and death, etc.

There is strong possibility that many of the sequelæ of both organic and functional disorders originate directly from alcohol, where it has been used for a long time, although not causing inebriety, but in some obscure way developing diseased tendencies, or fixing conditions of degeneration.

The presence of nervous disorders should generally counter indicate the use of alcohol for any length of time. There may be conditions present favoring the development of inebriety or other neurosis, the same as seed falling on ground prepared ripens into maturity, or dies away, from the absence of conditions essential to its growth.

The following cases illustrate some prominent general conditions in which alcohol as a medicine is frequently followed by inebriety.

Inebriety Originating from Alcohol given after Typhoid Fever.

Case 1.—G.; father a moderate drinker and high liver, a man of wealth; mother neuralgic and nervous. He was educated with care, for the ministry; was temperate, in good health, and of excitable nervous disposition. At the age of twenty, before the completion of his studies, he was taken ill with typhoid fever, and his life despaired of; brandy was given in large quantities for a long time, until he regained his strength, when it was found impossible to stop the stimulant; every effort to do so was attended with profound depression and melancholia, unfitting him for every exertion. Lighter forms of alcohol were given, and beer, as a substitute, but without avail. Later, this depression merged into intense desire and craving, which defied all efforts to control. From this time his career downward was positive and rapid. The usual sea voyages and efforts at water cures, stern resolves and pledges, all failed, and he came to the asylum, in an abject condition; a few months of treatment was followed by a relapse, and recourse to opium. He died eventually, having exhausted all means and efforts to cure.

Note.—In this case an inebriate diathesis was present, traceable from his parents, and manifest in an excitable nervous disposition,

which was probably developed by mental stimulation, through books and study. Alcohol, given for a long time, exploded this disposition, and fixed all the latent tendencies to this disorder.

Inebriety Coming on after Spinal Meningitis, where Alcohol was used as a Medicine.

Case 2.—C.; both parents died when he was a child; his mother of consumption, and his father by injury. He grew up a healthy farm boy, and eventually became a prosperous farmer. His grandmother had been insane many years, and died in an asylum; his grandfather, on his father's side, was a chronic inebriate, and committed suicide when under the influence of liquor; his brother became a moderate drinker, and one of his sisters was an epileptic. He was a man of nervous disposition, with a changeable, impulsive temperament, although temperate and hard working.

From an injury, by a fall, spinal meningitis was developed, which ran its course slowly, leaving much prostration and anæmia. Alcohol was given and continued for a long time, until final recovery, when it was found that he could not stop its use; all attempts to check it brought on a hysterical condition, closely simulating delirium tremens, which he was powerless to resist. He rapidly became a chronic inebriate; bought liquor in quantities, and drank at home, alternating between strenuous efforts at reform and reckless paroxysms of drinking. He has been twice to an inebriate asylum, a few months at a time, relapsing after variable intervals, and is probably an incurable case.

Note.—Alcohol medicinally was without doubt the exciting cause; the predisposition existed, which needed only the occasion to burst into activity. How far alcohol could have been given with safety in this case, or whether it could have been used at all without danger, are questions which must be solved in the future.

Inebriety from Obscure Lesions, Acquired and Inherited, Excited by Alcohol as a Medicine.

Case 3.—Mc. Father rheumatic and a moderate drinker; mother died of consumption. He grew up robust and of excitable disposition, became a civil engineer, and was employed in India for many years, where he led a regular life, only using beer moderately. When thirty-one years of age he suffered from sunstroke, which left him weak and anæmic, with frequent headaches. Giving up his business through this cause, he came to Canada, and finally became an office holder. He contracted a severe attack of pleurisy, attended with great prostration, which was treated by large quantities of stimulants. On recovery from the attack he was found to have contracted an uncontrollable desire for liquor, attended with headaches and great depression. If he could procure it, the headaches disappeared, and the other symptoms likewise. This desire was so capricious that he was frequently awakened in the night and obliged to go out and obtain stimulants.

Five years later he came to the asylum for treatment, was much reduced in flesh, suffering from nervous spasms and temporary paralysis, following either the use or the absence of stimulants, and was a hopeless case.

Note.—Without doubt the alcohol given in the sick room was the exciting cause of the inebriety, which was indirectly inherited and further increased by the obscure lesions arising from sunstroke.

Inebriety Developing a Case of Phthisis, or Following from it.

Case 4.—G. Both parents died of consumption, two sisters and one brother. He grew up a moderately robust man, with a very active nervous system, dashing from one extreme to the other, temperate in eating and drinking, but extremely irregular and changeable in his passions and emotions. Trouble in business or over excitement would prostrate him in an attack of nervous fever, that would sometimes last a week or ten days, attended with prostration, languor, low pulse, loss of appetite, and inability to sleep. During one of these attacks his physician prescribed brandy freely; the result was marvelous; he rallied at once, and continued the use of the stimulant, against his own judgment. The next attack was warded off by increased doses of liquor. He soon became an inebriate, went rapidly from bad to worse, contracted phthisis, and died the next year.

Note.—This case is interesting as suggesting the inquiry whether the inebriety was an exciting cause of the phthisis, or but a symptom of it, and whether, if liquor had been withheld as a medicine, he might not have lived much longer. The stimulants given at the bedside seemed like a match, exploding the whole train of inherited tendencies.

Inebriety from a Diathesis Acquired Exploded by Stimulants.

Case 5.—S. The history of his parents was obscure; father a hotel keeper, and died, leaving the business in the hands of his son at the age of fourteen. His mother married soon after and removed, leaving a low country hotel, of questionable character and patronage, in full charge of the boy. Without doubt he led a fast life, in general dissipation, with drinking, ending, three years later, in bankruptcy and the burning of the house. He went to live with an uncle, and for the next ten years was temperate and regular in all his habits. Became a bookkeeper at Washington, and later a merchant at New Orleans, with success, amassing property and gaining the esteem of all. When forty-five years of age he was attacked by yellow fever and laid up six months; during this time he was given stimulants freely, and developed an inordinate taste for them. Coming north he attempted to break up this desire without success. A year later he took morphia, and soon became hopelessly addicted to it.

Note.—The predisposition to this disorder was probably both acquired and inherited, and the result indicated plainly that the medicinal use of alcohol was the exciting cause.

Obscure Case of Inebriety Developed by Alcohol.

Case 6.—T. No family history could be obtained of this case, the patient being born in England; he was an expert accountant and private clerk of a large business house. He had light hair and eyes, with an impulsive, nervous temperament, a very enthusiastic temperance man, and vain, egotistical leader in the society he moved in. Was a vegetarian, and a credulous follower of all the novelties of the day. Had a strangulated hernia, for which he was operated upon successfully; great prostration, attended with slight fever, followed the operation, which was treated with liquor, freely, producing a confirmed inebriate. No effort on his part, of pledges and restraint, could save him; at last he was sent to the asylum, a hopeless case.

Note.—The indications in this case pointed clearly to a diathesis which only needed stimulants to develop inebriety.

From the above cases it is evident that the indiscriminate use of alcohol may be followed by disorders more grave than that for which it is given, and that the natural history of each case should be carefully considered before alcohol as a medicine is given for any length of time.

INTESTINAL INTUSSUSCEPTION, WITH VARIOUS INFLAMMATORY COMPLICATIONS.

BY J. J. JONES, M.D.,

Of Lewisburg, Arkansas.

I was called, January 1st, some fifteen miles into the country, to see Miss M. History as follows: Aged twenty; strumous habit; sick with chills and periodical malarial fever the entire fall and winter. Some two weeks previous to my visit had been taken with a chill and sudden cessation of menses, followed by continued fever, and accompanied by what I judged, from parent's description, strong pneumonic symptoms.

An "almanac M. D.," one of Arkansas' proliferous production, residing near by, was called in. Obstinate constipation attended the patient's condition, and the following extraordinary treatment was pursued by this extraordinary son of Esculapius. In about three days' time she took one entire box of Harter's liver pills, and two doses from another, accompanied by repeated doses of castor oil, until consuming about ten ounces, with a proportionate quantity of spirits turpentine; also a large lot of blue mass (pill hydrarg.), the exact quantity could not be determined, and latterly frequent injections of soap and oil enema. All this without avail, and the physician's (?) resources in that line being exhausted, he concluded to bring on the menstrual flow, which he proceeded to attempt by having the mother introduce a metallic sound into the young lady's womb three times per day. The mother executed her mission with due diligence, but anatomy not having been included in the branches of her early education, I think, from her description, that she confined her operations to the urethra.

The old year having expired, the "doctor" gave up the case, and came to town after a new year's (1877) almanac, and I was called out to see the patient. Found her in partial state of coma, from which, when aroused, she gave distressing evidence of great suffering, dry, hacking cough, pitiful moans, etc.; complete emaciation; pupils somewhat contracted; pulse 140, thread-like, compressible and irregular; tongue red and dry; skin yellow. Did not mark the

temperature, for want of an instrument, but everything indicated a low, exhaustive stage of fever, with toxæmic influence. Bowels enormously distended and painful, and had not moved for nine days, and no evacuation of urine for five days, while no attempt had been made to take food for ten days, the stomach being constantly disturbed, with incessant emesis from the beginning.

Although no fecal egesta was vomited, I diagnosed intestinal intussusception (high up), from over-catharsis; uræmic poisoning, from ischuria; right lobular pneumonia, and an extraordinary number of resulting inflammations, such as urethritis, gastritis, enteritis, etc.

She was catheterized, bowels extensively poulticed, minute doses of calomel, with opium, given, and fortunately retained; then the same with citrate potassa, at regular intervals, ammonia, whisky and raw egg, beef tea, etc., and further on quinia and Dover's, and other remedies, as indications required. Bowels moved in twelve hours; general condition improved; localized inflammation, with threatened abscess in left iliac region, resulted, but promptly yielded to fly blisters over swollen surface; expectoration and general secretions normally restored, and after some weeks of a condition simulating typho-malarial fever with pneumonitis, finally, and contrary to all expectations, convalesced and regained her usual health, forming the best illustration of persistent human vitality I ever saw.

CASE OF MEMBRANOUS CROUP—NEW METHOD OF TREATMENT—RECOVERY.

BY ALEXANDER FULTON, M.D.,
Of Conshohocken, Pa.

On the evening of the 22d of last month I was called in great haste to see a child of W. L. Found complaint membranous croup, of which the child was apparently dying; skin cold and clammy; pulse rapid and thready; face pallid; eyes sunken, half open and fixed, and the breathing very difficult, with that crowing noise so peculiar to the affection; suffocation seemingly imminent.

Having had a number of cases of this terrible disease, all of which proved fatal, notwithstanding careful treatment according to our text books, I determined putting into effect a new procedure, which I had contemplated doing in the very next case that presented itself, viz: I introduced my little finger into the child's mouth, over the tongue, until the epiglottis was reached, then pushed it into the larynx, as I supposed, and still forward, whether between or beyond the vocal cords I do not know. Directly, the child took violent fits of spasmodic coughing, followed immediately by the elimination of large mouthfuls of membranous exudation—very ropy—could be drawn like the white of an egg. The result was, the child on the very threshold of death, became animated; the complexion almost natural; the eyes, that were half opened and fixed, opened; and the breathing became less difficult. Relief was experienced until the next morning, when another paroxysm threatened. Again, I went through the same procedure, followed by the same good result, and prescribed the following, as recommended by Dr. Thomas Drysdale in a former issue of the REPORTER:—

℞.	Pulv. potassæ chlor.,	ʒij
	Syrup limon,	f.ʒj
	Aquæ,	f.ʒiij. M.

Sig.—A teaspoonful every hour.

Convalescence ensued, with complete recovery.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

SERVICE OF R. J. LEVIS, M.D.

REPORTED BY JOHN B. ROBERTS, M.D.

Compound Fracture of the Patella, [illegible].

A. D., a middle-aged woman, was admitted with an injury of the right knee. A year previously she had sustained a simple transverse fracture of the right patella, which was treated with adhesive strips; at the end of about six weeks she had been discharged with some separation of the fragments, and with partial anchylosis still remaining. She states that the joint had not regained its mobility when she met with the accident for which she came to the hospital the second time.

While in the street she slipped and fell backward, but arose and walked one block, to her own home, when she found that her knee was seriously injured. She applied to the hospital next day, when there was found a transverse wound across the right knee, 5½ inches in length, which had been brought together by sutures. The fragments of the patella could be distinctly felt, the upper being drawn up 2½ inches. The following day the sutures were cut and the wound allowed to gape, because the

injury was evidently severe and there was considerable tumefaction of the parts. The wound was found to have extended through the tissues directly into the cavity of the knee joint, laying bare the condyles of the femur and the intercondyliac notch. The ends of the fragments of the patella were easily felt and were smooth, as if covered with cartilage. There was no contusion or abrasion over the seat of injury. The method of occurrence of this serious injury was thus fully explained: The patient, having a partially anchylosed knee, fell backward, and ruptured, by muscular violence, the old ligamentous union between the fragments of the patella, splitting, at the same time, the overlying skin in a flap-like manner. The force was so great that the resistance of the tissues could not bear the strain, and the rupture extended into the joint itself.

Here there was a compound complicated fracture, of great severity, which certainly jeopardized the patient's life, and yet, during the treatment she presented not one unfavorable symptom, but steadily regained the use of the limb.

The wound was dressed with carbolized oil, and the leg elevated on an inclined plane; but no true antiseptic treatment was instituted, for the wound was daily exposed to atmospheric influences when the carbolized lint was changed. No attempt at approximation of the fragments was made, lest it should increase the risk, and because nothing better than anchylosis was expected. There was no severe inflammatory action, and but little suppuration; the temperature only once reached 102°, and the patient had very little pain. After the lapse of twelve days she was given tonics, and subsequently oxide of zinc ointment was applied instead of carbolized oil. Cicatrization slowly took place by granulations, and during the sixth week the patient was allowed to walk on crutches, and passive motion was instituted, in order to gain some motion. Five days later she was permitted to walk without crutches, and subsequently the superficial ulcer remaining healed. Passive motion was continued, and the woman was discharged after being in the wards nearly two and a half months, with as much motion in the knee as she had before the injury. The fragments of the patella were, of course, widely separated, as no attempt was made to get union by close apposition, because of the more important character of the joint lesion. The patient could walk as well as could be expected with a stiff knee.

Editorial Department.

Periscope.

The Diagnosis and Treatment of Abdominal Pregnancy.

In the *Medical Press and Circular* Dr. R. D. Purefoy, obstetric physician to the Adelaide Hospital, Dublin, sums up the latest teachings on this subject as follows:—

The diagnosis of abdominal pregnancy is beset with difficulties. Along with the general signs of pregnancy, there is generally metrorrhagia; and this, together with repeated attacks of abdominal pain, due, probably, to intercurrent attacks of peritonitis, occurs more frequently than in tubal gestation. The abdominal enlargement is generally greater transversely, and the fœtus can be felt more distinctly than in normal pregnancy. Per vaginam, the cervix may be felt displaced by the pressure of the cyst, or fixed by perimetric adhesions. Either of these, Dr. Playfair thinks, is of great diagnostic value. We should certainly have recourse to the use of the uterine sound before undertaking any operative interference. In his paper on this subject Dr. Lawson Tait says there are two points invariably to be noticed in extra-uterine gestation which had gone past the period, viz., a show during the false labor, and subsequent diminution in the size of the abdomen, due to the absorption of the liquor amnii. Before the death of the child extra-uterine fœtation may be mistaken for displacement of the normally pregnant uterus, during the early months, for pregnancy complicated with fibro-myoma or cystic disease of the uterus, and more rarely for pregnancy of one half of a double uterus. Indeed, in this latter case, as Kussmaul has shown, a differential diagnosis may be quite impossible before death, and very difficult even after it. After the death of the child the diagnosis is more difficult, and the case might be confounded with pelvic hæmatocele and ovarian tumor, especially dermoid cysts, cancer, fibro-cystic disease of the uterus, hydatids of the uterus, and phantom pregnancy, with hernia.

Regarding the treatment of abdominal gestation, there is still some difference of opinion, though it is mostly admitted that no active measures should be adopted till the full term of development is reached, because there is not the same imminent risk of death from rupture as in the tubal form; and even if the destruction of the fœtus could be secured, there would still be formidable dangers from subsequent attempts at elimination or internal hemorrhage.

If menacing incidents occur when the gestation is so far advanced that a living child may be expected, or if the case has gone on to term, and the child be alive, we are strongly advised by the best authorities to perform the Cæsa-

rean section, as we may thereby save the child, and the risk to the mother is scarcely greater than in waiting. An incision large enough to extract the fœtus may be made in the linea alba, and should there be no adhesions, the walls of the cyst should be stitched to the margins of the incisions, to cut it off as much as possible from the peritoneal cavity. No attempt should be made to remove the placenta unless it be quite loose, as otherwise uncontrollable hemorrhage, owing to the nature of its position, is likely to occur. The cyst should be carefully washed out with some antiseptic fluid. Schrœder advises us, when possible, to remove the whole sac, with the fœtus and placenta.

If the child has died toward the end of pregnancy the treatment is merely symptomatic. Any efforts of nature to eliminate the foreign body are to be assisted by incisions, and the removal of pieces of the fœtus from the abdominal walls, the vagina, or the rectum. The more extensive the adhesions of the sac to the abdominal walls, the more safely can incisions be made to remove its contents; and their formation may be favored, as in Simon's method of treating hydatid cysts of the liver, by pushing in two trocars, and by dividing the bridge between them, thus causing a larger opening.

Does Ergot Tend to Produce Abortion?

This important medico-legal point was discussed recently by the Obstetrical Society of Edinburgh. Dr. Keiller stated that it was generally supposed that it would produce abortion, but he thought this was doubtful. He referred to a case in which a medical man was accused of giving ergot in early pregnancy for the purpose of inducing abortion, premature labor having subsequently come on, causing the death of the female. He was asked to investigate the case, and to state his opinion as to the possibility of ergot bringing on the labor. The defence was that sarsaparilla was given, and not ergot. Chemical analysis having failed to detect the difference between the two drugs, the case fell to the ground. On the whole, his experience taught that, in early pregnancy, ergot did not act with sufficient power on the uterus to produce abortion. In the latter months, when the muscular fibres were developed, and in labor, when the fibres were prepared, or were already contracting, he had no doubt of the power of ergot in stimulating contraction, and thereby greatly facilitating the emptying of the uterus and diminishing the tendency to post-partum hemorrhage.

Dr. Matthews Duncan stated that he had not known ergot to produce abortion. He had not used it to prevent abortion, as in such circumstances he considered its use neither logical nor correct. If it had any action in abortion, it would be to favor it. He had used it in inducing premature labor without effect. As to its use in labor at the full time, he had not found, nor did he believe, that it increased the pains, although it might in another way hasten the birth of the child. It was most useful in controlling hemorrhage; and in confirmation of the views he had expressed, he referred to the researches of Schatz with the toco-dynamometer. Although ergot did not increase the pains, it did tend to produce permanent or tonic contraction; and in this way might hasten the birth of the child, but in an injurious manner. It destroyed the intermissions between the pains, and thus produced what we wanted to avoid. The real value of the remedy was in the third stage of labor, when it assisted in keeping up uterine contraction. In fibrous tumors he would not expect benefit from its use, except as a result of increased tonic uterine action. As to the analogy between the blood vessels and the uterus in regard to the action of ergot, he believed there was close resemblance.

The Influence of Excreta in the Production of Typhoid Fever.

At the sitting of the Paris Academy of Sciences, February 26th, M. Guèrin communicated the results of a series of experiments made to test the supposed direct influence of water closets in producing typhoid fever. He experimented upon rabbits, injecting fecal matter, urine, blood, etc., from typhoid patients, and summarizes his conclusions as follows:—

1. The fecal matter contains, after issuing from the system, a toxic principle capable of causing death in a class of animals, in time varying from a few hours to a few days.
2. The same holds good for urine, blood, mesenteric liquid, and the detritus of mesenteric ganglions, and of ulcerated intestinal mucus of typhoid subjects.
3. These matters, after some months, are found to retain in large measure their original toxical principles.
4. The fecal matter of healthy subjects, or of those affected by other diseases, have not the toxical principles which exist in the excrements of typhoid patients.

Treatment of Entropium.

In a recent report by the Surgeons of the National Eye and Ear Infirmary, Dublin, the treatment of entropium and trichiasis by Dr. Berlin's method is spoken of in satisfactory terms. As this operation is not generally known, a description of it may be of interest to our readers. "A horn spatula having been inserted under the lid by an assistant, so as to protect the eyeball, or, still better, a Knapp's clamp having been applied, an incision is made, extending the entire length of the lid, about three millimetres from its margin. This incision divides at once the skin, muscle, cartilage, and conjunctiva. The skin and muscle along the upper edge of the wound is now to be pushed up with the handle of the knife, or dissected up, so as to expose the cartilage. The cut edge of the latter is then seized at its

centre by suitable forceps, and with a scalpel or scissors a narrow oval piece, extending the whole length of the cartilage, and from two to three millimetres in extent at its broadest part, is excised. A portion of conjunctiva, corresponding in size to the bit of cartilage removed, must necessarily be taken away with it. A piece of skin along the upper margin of the wound may then be excised, if it be feared that the effect will be insufficient; and finally, the lips of the wound may be closed with three or four points of suture, or a bandage used instead of the sutures. An objection has been made to this operation, that it is liable to produce lagophthalmos and imperfect lubrication of the margin of the eyelid, in consequence of the injury to the Meibomian glands, but in practice such a result has not occurred. The operation is stated to be simple, rapidly performed, and to leave no disfigurement.

The Treatment of False Joint.

Professor Dolbeau ascribes the cure of false joint, in cases where simple means are used, to postponement of the natural process of union. He draws a distinction between simple ununited fracture and false joint. The former may be cured by such means as rubbing the extremities of the bones together, or irritating the space between the fractured extremities by passing in needles, setons, galvanic wires, etc; but when there is a false joint, properly so called, there is no reliable cure but resection. Where it can be made out that the ends of the fragments are hard and eburnated, he recommends the following operation:—1. A free incision through the soft parts, so placed as not to injure important structures. 2. Oblique section of the ends of the fragments. 3. Close apposition of the sawn surfaces, and their retention by metallic sutures. The section must be so planned as to bring the axis of the limb straight. 4. Immobility secured by a plaster bandage. The difficulties met with seem to have been tardy healing and abscesses, and the difficulty of removing the metallic sutures after the bone had united.

Contribution to the Diagnosis of Ovarian Disease.

The *Medical Times and Gazette* informs us that a short essay lately published by Professor Guido Baccelli, of Rome, deals with the percussion of the ilium as an aid to the diagnosis (1) of simple ovaritis, (2) of a commencing ovarian tumor, and (3) of the side of origin (right or left) of a large ovarian tumor whose early stages are unknown. Percussion of the diaphysis of the ilium, according to the author, gives rise to acute pain in simple ovaritis unaccompanied by diffused peritoneal inflammation. An ovarian tumor gives rise to marked dullness on the side on which it is situated, while there is a clear tympanic resonance on the side of the healthy ovary. Thus, if the left ovary be enlarged, there is dullness over the left ilium, and resonance over the right; and *vice versâ*. The rules to be adopted in percussing are as follows:—The patient must lie on her side, with the legs drawn up, and the thigh which is uppermost adducted and pressed toward the abdomen, so as to place that part of the diaphysis of the ilium which lies below the centre of the insertion of the gluteus medius muscle in the position best adapted for percussion. The exact point of the external surface of the ilium to be percussed is a little below the centre of a straight line drawn from the posterior-superior border of the iliac crest to the upper edge of the acetabulum. Taking the average length of this line as ten centimetres, the point to be percussed lies between five and six centimetres below the posterior edge of the crista ilii. It is necessary to percuss forcibly, and it is better to use a pleximeter and a hammer than the fingers only. The two sides must, of course, be percussed at identical spots. The practical value of this method is illustrated in the essay before us by two or three striking cases, in which it was most successfully applied to clinch a doubtful diagnosis; and we are assured by Professor Baccelli that these are not the only ones in which it has stood him in good stead.

On Sprain of the "Medio-tarsal" Articulation.

The Edinburgh *Medical Journal* says:—Dr. Terrillon having carefully studied several cases of sprain of the foot, has noticed that while sprain of the "tibio-tarsal" joint is the most common and serious injury, sprain of the "medio-tarsal" articulation does occur. The latter may be alone or combined with the former; in the one case it is apt to be mistaken for the former injury, and in the other case to be overlooked.

Dr. Terrillon considers that neglect of this sprain often is the cause of persistent pain, and may also be the exciting cause of disease of the tarsus. He has accordingly favored the profession with his monograph on the subject. He describes the sprain as being produced when the posterior half of the foot is fixed, and the anterior portion forcibly adducted or abducted. The symptoms are those of sprains in general. The treatment recommended is the employment of the cold douche, "methodical and continuous rubbing," and a flannel bandage at the first. Painting with iodine is to be employed, should pain persist.

The Management of Pneumonia in Children.

The London *Medical Record*, February, translates, on this subject, the experience of Dr. Julius Steinmetz, of Breslau, founded on 83 cases, 59 of whom recovered, 24 died. He describes his treatment as follows:—

The first requirement is coolness and fresh air. Cold baths can only be used to reduce the temperature, if stimulating measures be employed before and afterward. It must be remembered that the organism cools sooner in children than in adults. The pulse must

necessarily be the guide in the adoption of these measures. The most valuable remedy in pneumonia is quinine; it quickly reduces the temperature without weakening the heart. Digitalis rapidly weakens, and is only to be given with caution. Leeches must be avoided as far as possible. I have not used them in any of my cases. Quinine is given to children under five years in doses of 1½ grains for each year of life; to older children, in somewhat larger doses.

As regards the diet, the children may be allowed the mother's breast as milk; in older children, broth may be added to the milk. I give to children affected with pneumonia, in quantities proportioned to the age, Bordeaux wine, generally with soda-water; the temperature falls rather than increases under the use of alcohol.

The sleeplessness of pneumonic children is best obviated by antipyretic means (cold wrappers, quinine), and only when constipation is present should the use of quinine be interrupted by some doses of calomel.

When the dyspnœa becomes severe, an emetic is indicated; if symptoms of collapse appear, wine is the best remedy, and, in more severe stages of collapse, musk, which acts more quickly than camphor. During the stage of convalescence, mild preparations of iron should be given.

The Advantages of Lister's Method.

In a review of Lister's Antiseptic Method, in the *Progrès Medicâle*, Dr. Pozzi states his belief that its real advantages are the result of—1. The methodical bringing together of the wounds by superficial and deep silver wire sutures; 2. The use of drainage tubes; 3. Of much less importance, the protection from the atmospheric influences, which may be secured by light porous dressings; 4. The application of antiseptic lotions; 5. The use of carbolized catgut ligatures, instead of the ordinary irritating catgut; 6. The employment of readily permeable dressings which prevent the accumulation of irritating fluids on the surface of the wound.

Tuberculosis of the Pharynx.

The London *Medical Record* quotes an article by Dr. B. Fränkel, on this disease. It is properly called miliary tuberculosis of the pharynx, and is a disease which attacks either apparently healthy persons, or those already affected with phthisis of other organs. It deposits an eruption of gray nodules in the pharynx, which leads to well characterized lenticular ulcers, and is accompanied by extensive miliary tuberculosis. Death occurs in this disease, not from narrowing of the larynx, but from exhaustion. The emaciation, the fever, the difficulty of taking food, all combine to produce a high degree of weakness. Toward the end of life delirium sometimes sets in; for this the necropsy often affords no explanation in the form of lesions of the intracranial organs; it must, therefore, be regarded as delirium from inanition. As regards treatment, pharyngeal tuberculosis is one of those affections that bring more credit to diagnosis than to therapeutics. The first object of our attention must be the maintenance of the patient's strength; antisyphilitic treatment is altogether injurious. The local use of astringents has hitherto been of no service; but Isambert says that benefit has been derived from daily brushing the parts with glycerole of morphia, a plan which he used in the two cases which improved, and which would be indicated as a means of relieving pain.

Remarks on Colles' Fracture.

At a late meeting of the Surgical Society of Ireland, Mr. Croly exhibited a specimen of Colles' fracture, which had been removed from the body of an old woman who had been admitted to the City of Dublin Hospital with well-marked symptoms of that fracture. The woman received a fall about a week before admission, and when she came into hospital her arm presented the characteristic symptoms known as Colles' fracture. The hand was placed in the proper position, and the fracture seemed to be doing very nicely, when suddenly the poor old woman, who had an extremely weak-acting heart, showed symptoms of exhaustion, without any apparent cause (it was not the shock of the accident, for she was a week in hospital), and died rather suddenly. He therefore removed the parts, as they so seldom got an opportunity of examining them. It was well known that the distinguished discoverer of this fracture never had an opportunity of dissecting one of them, and still they knew how accurate was his description of that fracture. On making the post-mortem examination in this case he (Mr. Croly) removed the carpus with the ulna and radius. He should mention that at no time when he examined the case, though the deformity was very characteristic, was there any crepitus. The closer the fracture approached the wrist the less likely were they to get anything like genuine crepitus. This case helped to bear out the impaction theory, and he was strongly of opinion that the fracture was always impacted when close down to the wrist, owing to the absence of crepitus. Here the line of fracture was seen, but in front it seemed to be impacted. There was a certain amount of mobility corresponding, from one-half to three-quarters of an inch above the carpus.

—The St. Petersburg *Medical Gazette* states that, in a village in the Government of Novgorod, a woman, aged 20, a primipara, was delivered of a healthy, full grown female child on January 30th, and three days later of a healthy male. In the interval, she had performed her household duties.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE DEFECTS OF MODERN DOMESTIC ARCHITECTURE.

Few topics more directly interest the community than the sanitary aspects of domestic architecture, and few are more glaringly neglected. Not long since we visited several of the most elegant residences lately built in this city—houses which are priced from $50,000 to $80,000. We found that under the name of "modern improvements," such pestilent nuisances had been introduced as water-closets opening into bed-rooms, ventilators near the ceiling, and casement windows. The heated air, which, in winter, was conveyed through the house, was drawn from the cellars, and these cellars with very imperfect cross-ventilation, the walls and floor not cemented, and to cap the climax, the servants' water-closet placed there! What wonder that typhoid fever is notoriously common in the wealthiest classes of this city? The wonder is that it is so rare.

This negligence, or crass ignorance, rather, is in nowise peculiar to Philadelphia. It is almost worse in the European "centres of civilization." Take Paris, not the old Paris of *La cité* (there we expect nothing better), but modern, beautiful Paris, with its wide, clean streets, and lofty and handsome houses. The fair and salubrious appearance is external only. These tall houses are built around narrow courts, or "wells," story after story in height. Four fifths of the rooms have no cross-ventilation; three-fourths of them never receive a ray of sunlight. No hint of the pure country breezes can ever reach half of them. Therefore it is that Paris witnesses such desolating epidemics of typhoid as it experienced last fall, and this is why that peculiar icteroid fever is endemic there. It has been well said that Paris, as a beacon, points to the disastrous results of ignoring the necessary cross-ventilation of dwellings, and of otherwise infringing the natural laws of health in the construction of houses. Evils very similar in kind, though not so serious in degree, exist, and are now increasing in other large towns, where the costliness of space and the crowding of people are dangerously advancing, hand in hand. It is impossible to prevent contagious diseases being imported into Paris, and other large towns, and extending under favoring influences of season, at least, to some extent, as epidemics; but it is possible to prevent their installation as endemic scourges, and to reduce their epidemic spread to an insignificant minimum.

The greatest foe of cholera, fever, diphtheria, and every kind of pestilence, is a strong gale of wind; but no purifying, searching sweep of wind can pass through dwellings surrounded, like those of new Paris, by lofty walls on at least three of their four sides; and generally on all sides in those massive blocks extending back from the gay street frontage. The modifying and exterminating influences of violent winds on the fevers of the West Indies is well known. Hurricanes often convert the most

malignant types of yellow fever into manageable intermittents, and purify, for years, infected districts.

Not a whit better are the new quarters of Berlin and St. Petersburg. The *Gazette* of the latter city states that very many of the new houses are built without any regard even to the elementary laws of salubrity; their courts, narrow and surrounded by buildings of great height, are deprived of light and ventilation, and the air within them is fouled by the latrines, which are of the most defective construction, and are never emptied except at the last extremity. No provision, moreover, is made for the ventilation of the staircases, and these are impregnated with unwholesome and infected effluvia. St. Petersburg does not possess any sanitary statistics, hence it is not practicable to show in figures the whole extent of the deadly influence of the present state of the city upon the inhabitants; but the serious and persistent prevalence of enteric fever is alone sufficient to prove how great is the urgency for some amelioration of its insanitary condition.

In London, the beneficent legacy of Mr. Peabody has set an example of sanitary construction, which, as we mentioned some weeks ago, has proved most successful. But as we must trust to private enterprise rather than charity for building cities, we might meanwhile learn a useful lesson from the municipal authorities in Glasgow, who have a greater degree of overcrowding to deal with than even in London or Paris, and manage matters very much better. In Glasgow all houses under a certain size are under police inspection. Every door bears a ticket marked with the number of cubic feet of space contained in the dwelling, and the number of inhabitants it is licensed to contain. Three hundred cubic feet of space is allowed for each adult, and 150 for each child. Ordinary dwellings and lodging-houses are distinguished by the shape of the ticket.

ON GENERALIZING IN MEDICINE.

The scientific man generally, and the physician especially, cannot too clearly recognize the injury which is done by strong beliefs, positive opinions, fixed principles, or dogmas. Faith, in the usual acceptance of the term, is always hurtful to mental progress. A great German philosopher justly says that the really well-trained mind is glad to find its faith shaken, because this is an evidence of increased intellectual power, or of additional knowledge, disclosing errors previously unrecognized.

Sir James Paget, in a recent oration on John Hunter, pointedly illustrates this. He remarked:—

"Hunter was not only a great observer, he was a very accurate one. I think it would be difficult to find in all the masses and facts which he has recorded, any one which was either observed or recorded erroneously. If there are errors in his works they are the errors of reason, not of observation. And it may be noted as a singular example of his accuracy that when he tells his inferences it is almost with expressions implying that he regarded them as only probable: a fact he tells without conditions; when he generalizes it is with 'I suspect,' 'I believe,' 'I am disposed to think,' or the like; and I believe there cannot be found one instance in which he endeavored to add to the force of evidence by any strong assertion of his own opinion, as if his opinion could be taken for weight in a balance of testimony. Nay, there are very few instances in which, on any of the larger questions of biology, Hunter speaks with any positiveness at all. No one seems to have known better than he did that strong convictions are not usually the sign of knowledge. He seems to have thought he had never reached further than the nearest approach to truth which was in the time attainable, and that a year or more of investigation still continued would bring him nearer to the truth, and then that which now seemed right would be surpassed or set aside. He used to say to his pupils, in his lectures, 'Do not take notes of this; I daresay I shall change it all next year.'"

The haste to generalize marks a young or an ill-trained mind; to attach much weight to one's own, or another person's opinions, shows a naturally narrow intellect.

The method of inductive logic is to pass from particular to particular, to judge of one fact by what we know of another similar one. John Stuart Mill, indeed, denies any such

thing as a generalization in the old sense of the word.

Similar conditions are essential in applying what we have learned about one set of facts to another set. What we know of the body in health teaches us but little of that body in disease. A man might be the most expert anatomist and physiologist living, yet be at utter loss in the presence of the commonest disease. Did we know the action of drugs in the healthy human body to the furthest, our knowledge of their action in the diseased body would not be materially increased. Still less would it aid us had we any amount of certainty as to the action of drugs in other species. Disease must be studied as a separate class of facts from physiology, human or comparative. A theory of action of a drug must embrace both conditions. We like what the eminent Dr. JOHN HARLEY, of London, writes in the last edition of ROYLE'S *Materia Medica*. We read in the preface:—

"Those who look for the results of experiments on mutilated animals in the following pages will not find them, for the editor is satisfied that this is not legitimate therapeutical inquiry, and that nothing short of a patient survey of the operations of a drug in the entire body in health, and under the variable influence of disease, can furnish the data upon which we may build a proper theory of its action."

Nothing is so fruitless and dangerous as *à priori* reasoning as to what a drug ought to do, and then administering it under this delusion.

NOTES AND COMMENTS.

Preservation of Infant Life.

The infant mortality is so fearfully great in the public institutions of Paris, that Dr. Condereau has proposed to the Municipal Council to establish a country village for the purpose, around which should be the farms, infirmaries, and various officers. It should be composed of isolated pavilions, each divided into two dormitories, with five beds for children, and one for a nurse; two nurses being on the staff, in case one or other was engaged or absent.

These pavilions should be on a pivot, and capable of being turned according to the direction of the wind, and there would thus be perfect isolation.

Behind each pavilion there should be a shelter for goats, and some land, so that they might have air and exercise when not required by the children.

During the first two months every *nouveau né* must be fed exclusively at the breast; in any case during the first weeks mixed alimentation must not be used. When the child has become sufficiently strong, it must be fed directly from the teat of the goat, or with fresh cow's milk; whilst a physician will see the children each day and direct their alimentation. This plan must necessarily be very expensive; and Dr. Lavel has proposed to the Council to devote to the experiment the farm of the Bois de Vincennes, and a subvention of 6000 francs.

A Judicious Observation.

Commenting on the utterly illogical method of basing therapeutic reasoning on physiological experiments, the editor of the *Medical Press and Circular* remarks:—

"It is the abuse of the inductive method that has brought medical experiment into contempt. The difficulty in our way is to know how to make use of it. If the medical student were taught a little more logic and a little less biology, how much better it would be for their patients and the advancement of medicine"

Repeatedly, in the REPORTER, have we urged this fact; and over and over again called the attention of the profession of this country to the glaring disregard of logical reasoning prevalent in scientific papers.

Dialyzed Iron.

The *Medical Press and Circular* says:—A preparation of iron has been recently introduced. It consists of the peroxide of iron in the colloid form, held in solution in a small body of water; it is, in fact, a soluble hydrate of iron. It contains no trace of acid; the equivalent of acid being replaced by the equivalent of water by diffusion (dialysis). This preparation is the nearest approach to the form of iron contained in the blood, and as it has no irritant properties it will doubtless prove to be most valuable of all the forms in which iron can be administered. We have already given the preparation an extensive trial. Although a strong solution, it has scarcely any taste, and is taken readily by children. It does not con-

stipate nor disturb the digestion, while at the same time it produces all the good effects we are accustomed to recognize from iron in the other forms in which we have been accustomed to administer it.

The solution may be given in doses similar to the muriated tincture, that is, ten to fifteen drops, or for children about five drops. It may be given before meals, as it does not irritate the stomach.

It cannot be mixed with ordinary hard water, which causes it to flake or gelatinize, but it may be taken in distilled water, or dropped on a piece of sugar. Not the least advantage of the dialyzed iron is that it can be brought into contact with the teeth with impunity. It may be given with equal effect in the form of a pill, each pill being equal to ten drops of the solution; or as a lozenge, equal to two drops of the solution.

Yellow-covered Hams.

A provision dealer in Liverpool was lately charged before the police court with selling hams called "sugar-cured American," coated with a composition containing chromate of lead. The motive for covering the ham with this strange composition was to keep off flies and insects. Dr. Campbell Brown stated that the chrome-yellow was injurious to health; and, although the color was not incorporated with the food, yet in cutting the ham a portion of the mineral might drop into it, and thus impregnate it with mineral poison. On the part of the defence, it was suggested that the coloring must be mixed with the article of food in substance, in order to bring it within the meaning of the Act. Here it was put on the cover or outside. The magistrate admitted the objection and dismissed the case.

These coverings are common in our stores. We have inquired of dealers, and learn that the canvas bags in which the hams are put up are first sewed on and then coated with whitewash, tinged with chrome-yellow (chromate of lead).

The Pathology of Hanging.

The Microscopical Society of London was shown, recently, by Dr. Browning, some specimens of the brain after death by hanging. They were taken from executed criminals, and were prepared by Surgeon-Major Roth, of Berlin, and one was from one of the lower animals that had been hanged for experiment. The brains were, in all cases, injected with carmine. In his remarks upon these specimens Dr. Browning stated that whereas most medico-legal writers describe only a medium amount of vascularity in the brain, and that of venous character, and extravasations as very rare, he had found the congestion most intense; the capillaries being so distended in some parts that scarcely any nerve substance was to be seen; however, he had not found any extravasations of blood. As cause for the vascularity, the speaker suggested that the knowledge of his fate might, in the case of the criminal, cause some hyperæmia at last, though this could not hold with the lower animals. The cerebellum he had found more vascular than the cerebrum.

Iodine and its Preparations in the Therapeutics of Infancy.

M. Jules, at the Paris Hospital for Children (*Moniteur Therapeutique*) calls attention to the following points:—

1. Tincture of iodine must not be applied to children of a tubercular diathesis; it may be diluted with glycerine or some unguent.

2. Iodide of potassium, or iodide of iron is not to be given to children under two years of age, except in cases of acute hereditary syphilis.

3. Iodoform is recommended in cases of ozæna and scrofulous wounds.

4. Albuminuria sometimes follows the external application of tincture of iodine, especially when applied to eruptions. Iodide of potassium has a similar effect, but in a less degree.

Hydrobromic Acid.

The stimulus given to the use of hydrobromic acid as a solvent for quinine and preventive of the tinnitis aurium of cinchonism, by Dr. Milner Fothergill has, says *The Doctor*, led to much confusion and misunderstanding on the part of many prescribers and dispensers, both at home and abroad, as to the precise strength of acid to be used in dispensing. Although Dr. Fothergill gave a formula for its preparation and dose (which we published in our issue for August, 1876), yet we know that few prescribers give any indication on their prescriptions of the particular strength of acid they wish to exhibit. When we remind our readers that hydrobromic acid, like hydrochloric acid, is a gas at ordinary temperature—liquefying

at 69° C., solidifying at 73° C., and freely and copiously soluble in water, forming a strongly acid and caustic solution, which, when saturated, has a density of 1.29, fuming strongly in the air, and cannot (except when largely diluted) be given internally (Watt's *Dict. of Chem.*)—we feel sure that they will at once see the obvious danger of a strong acid of this character being used in dispensing, when the more dilute formula of Dr. Fothergill is intended.

Superstitions Regarding Hydrophobia.

One of our German correspondents writes: Deaths from hydrophobia, which have occurred recently in the Prussian-Rhenish province, have called the attention of the Government to the practice, much prevailing there, of having persons who show symptoms of hydrophobia treated, not by a medical man, but by a Roman Catholic priest. The consequences have, naturally enough, invariably been disastrous to the patients. Another superstition existing in the Rhenish province is the belief that the bite of dogs which have been burned with the Hubertus key can never be dangerous, and this belief is producing a large revenue to a Belgian convent, which sends out emissaries with Hubertus keys to perform the operation.

The Advance in Surgical Success.

Sir James Paget, in one of his clinical lectures, remarks on this subject—

No one, I presume, would venture to assign to each improvement its share in the diminution. Mr Lister's practice and promulgation of his antiseptic treatment; Mr. de Morgan's use of the chloride of zinc; silver-sutures, acupressure, torsion, carbolized catgut ligatures, Esmarch's elastic bandage, a steadier belief that the healing of wounds is a natural process that needs only to be undisturbed—these have been the chief means of saving life; and with them may be counted the constantly increasing care for healthy arrangements in hospitals and houses, and for cleanliness and simplicity. But I suspect another thing has been more potent than any one of these, namely, the increase of the care in watching all patients submitted to operations, and in rejecting the unfit. There has been an admirable rivalry for success: treatment after operations has come to be the most interesting subject of surgical study; and every one proposing or adopting an improvement has watched personally and closely the patients submitted to its use. The result is, I believe, that the total mortality and all the illnesses after operations of all kinds are not more than half as great as they were thirty years ago."

Treatment of Dysentery.

Dr. C. E. Steadman, at a late meeting of the Boston Medical Society, said he had been in the habit of treating dysentery with a combination of morphia and sulphate of soda, and had usually found it to quiet the pain and change the character of the discharges after one or two doses. By this treatment the severest cases, in forty-eight hours, seemed to lose their virulence. A short time since he was called to a child between two and three years of age, suffering from dysentery. Starch and laudanum injections, continued for two days, exerted no beneficial effect; after taking one dose of sulphate of soda, three grains, and sulphate of morphia, one thirty-second of a grain, the patient was relieved.

Extraction of Foreign Bodies from the Œsophagus in Children.

In allusion to a case in which there had been some difficulty in extracting a coin swallowed by a child, Dr. Thouvenin, in the *Bull. de Therapeutique*, states that in such cases he adopts a very simple measure with great success. It consists in laying the child flat on his belly on a table, with his head, supported by an assistant, projecting beyond it. The finger is then introduced into the mouth in order to depress the tongue, and the coin slides out along the finger of the operator.

Metallo-Therapy.

Experiments in this branch were lately made at the Salpetriere, in Paris, before a number of distinguished physicians. Three or four women suffering from inveterate chronic hemianæsthesia were chosen for the purpose. Needles were run through their skin without the slightest feeling or evidence of pain. Strings of simple copper plates were then applied to the leg, the arm, the head, the nose, the tongue of the patients, etc., and after a lapse of time, varying between ten minutes and half an hour, there were evident traces of the return of sensibility in the neighborhood of the copper plates. The patients, whose eyes were carefully ban

daged, felt the pricks of the needles; the punctures brought blood to the skin; the sense of smell, which had been dead, was revived in one of the nostrils; the taste of colocynth, applied to the deadened half of the tongue, was perceived to be very bitter, etc.

Tracheotomy in France.

In a late work, Dr. Sanné gives a table exhibiting the tracheotomy statistics of diphtheria in the Hôpital S. Eugénie of Paris for twenty-two years, viz., from 1854 to 1875 inclusive. During that period the number of patients operated on was 2312, of which 509 recovered, being 1 in 4.54. He also gives a table exhibiting the tracheotomy statistics of diphtheria in the Hôpital des Enfants Malades of Paris for twenty-five years, viz., from 1851 to 1875, inclusive; during the twenty-five years, 2351 patients were operated on, of whom 614 recovered, being 1 in 3.82. The average recoveries, taking together all the hospitals of France, is 30 per cent.

Correspondence.

Salicin in Acute Rheumatism.

Ed. Med. and Surg. Reporter:—

It has been my intention, for some time, to give to your journal my experience with salicin in rheumatic fever. There is, probably, no disease with so varied a treatment, or diverse, as this. All the literature at our command is exhausted in vain for something definite, and time and time again have I risen from a close study of the subject with just about as much satisfaction as I had when I commenced. In treating this disease, I have tried nearly, if not quite, all the different articles of the materia medica recommended for it, combining them many times in such a way that I had no idea which did the good, and feeling, after all, that "six weeks" was the best remedy yet. However, I have had more success with quinine than any other remedy, and for this reason, and the peculiar exacerbations, have been led to regard the pathology of rheumatic fever and malarial fever as very analogous. With this view I have hoped that in the great progress made in pathology and therapeutics something would be found to make the treatment of rheumatic fever more satisfactory, both to physician and patient. The applauded virtues of salicin and salicylic acid in my foreign journals have greatly encouraged this hope. Procuring both of them, I have given the former a trial in two cases, and here is the result.

T. T., negro; seen April 18th, 1876; has had two previous attacks of rheumatism; the last three or four years ago; was confined to the bed and house, at the time, fully seven weeks; nothing seemed to benefit him; had been sick when I saw him five days; was suffering with cold shivers passing all over him—agues, as he called them—swollen knees and ankles, and intense pain in them; unable to make the least movement without great pain. Skin covered with perspiration that immediately turned blue litmus paper red; tongue coated with a thick white fur, yet moist; bowels constipated; urine dark-colored; pulse 124. temperature 102.5°; heart sounds normal. Judging from the acid perspiration and urine, I concluded that this was just the case for an alkali, and so put him upon nitrate of potash, fifteen grains, every three hours; directed ten-grains Dover's powder at bedtime, joints to be rubbed in turpentine, and hot cloths applied; diet exclusively milk.

August 19th. No better; did not rest at all; perspiration very free and acid; joints were more swollen than the day before; pulse 124, temperature 103 5°; gave twenty grains nitrate of potash every four hours, and Dover's powder at bedtime.

August 20th. Very little, if any better; had only two little naps during the night and morning; unable still to move without great pain; had now taken in forty-eight hours 240 grains of potash; pulse and temperature the same; concluded to try salicin; gave ten grains every three hours; also gave a cathartic.

August 21st. Much better; looks bright and cheerful; delighted with the powders; unable to move his left leg; moves the right, but with pain; had several naps during the night and morning, that refreshed him very much; bowels moved twice; urine clearer; not so much perspiration; pulse 100; temperature 100°; had taken seventy grains of salicin; same treatment.

August 22d. Slept well; limbs almost natural in size; very little pain, in fact none, except when standing; tongue very much cleaned; pulse 90; temperature 99°; continues salicin every four hours; directed dose of sulph. magnesia.

August 23d. Better every way; limbs natural in size; no pain; can walk as well as ever; tongue clean; bowels moved without taking the salts; pulse 76; temperature 98.5°; well pleased and delighted with the powders; directed them to be continued every six hours, for three days; without the slightest relapse, he continued to improve. This day I discharged him. I was forced to conclude that salicin did the work, and was as delighted with my trial of it, as the darkey was with the effects. Resolved to start with it in the beginning, in my next case.

Case 2.—Mr. W., farmer; attributes his attack to wading in water; never had rheumatism before; was taken with chill on September 8th; was seen first, by me, on the 13th; had been under treatment from another physician, who relinquished the case, owing to

sickness in his own family; wrists and ankles swollen and very painful; pain on breathing, diaphragmatic and intercostal; had taken quinine and morphine; tongue furred; bowels opened by salts; pulse 120; temperature 102; urine scanty and high-colored; gave salicin, ten grains, every three hours, and nothing else; diet, milk, rice and chicken soup.

September 14th. Condition about the same; though slept better; pulse 120; temperature 101°; no abatement of pain; took forty grains salicin before bedtime the night before; continued treatment.

September 15th. Better; slept well; tongue cleaning; not so much pain; pulse 116; temperature 100°; urine not so high-colored; continued salicin.

September 16th. Better every way; slept well; only a little pain on deep inspiration; joints no longer swollen; some pain on pressure; pulse 100, temperature 99°; continued salicin ever four hours, and directed dose of salts.

September 17th. Better; pulse 80; temperature 98.5°; no pain; bowels moved; has walked out in his yard; continue salicin every six hours; discharged.

Now, whether these cases would not have done as well under large doses of quinine as they did under salicin, I cannot, of course, say, this being directly a malarial country, and the two cases occurring, especially the latter, during the malarial season; but of this much I am certain, that salicin in these two cases acted like a charm. I have since had a case of gonorrhœal rheumatism, in which I used salicin after the cystitis had thoroughly subsided, and a little rheumatism remaining, with equally favorable results. V. S. McNider, M.D.

April 27th, 1877.

Abuse of Free Dispensaries.

Ed. Med. and Surg. Reporter:—

The above title was the heading of a recent article in the New York *Tribune*. It seems, at a late meeting of the Public Health Association, Dr. Joseph said thirty to thirty-five per cent of the population of New York city is receiving medical attendance gratuitously. Another medical gentleman was of the opinion that such a great evil as this should be eradicated, and was positive that four-fifths of this charitable service was enjoyed by persons able to pay for the services of a physician. He further said:—"Our dispensaries and medical hospitals are shamefully imposed upon; applicants for relief and medicine are, in a majority of cases, far from being objects of charity, but in order to save a few dollars, they pretend to be paupers.

Some extracts from the April number of the New York *Medical Record* are of interest as showing the feeling of New York physicians in regard to the abuse of medical charity. One says: "It is a shame that so much medical advice and treatment is given gratuitously to people well able to pay for it, and a still greater shame that a considerable proportion of the profession itself fosters and encourages it. There is neither justice nor reason in it, and the half thousand physicians in this city who are hardly able to earn a respectable living, despite their best efforts, will hail with delight the day when the medical profession ceases to cheapen and belittle itself by encouraging the multiplication of charitable institutions, and offering inducements for increasing the already too numerous army of medical paupers."

Another says: "Indiscriminate charity is making fully one-third of the city's population beggars, and large numbers of persons, well able to pay reasonable fees for medical advice, are availing themselves of the dispensaries, because there they get good treatment for nothing. To my certain knowledge there are persons going there whose bank accounts show thousands of dollars to their credit."

Surely a reform is needed in our city as well as in New York. In all large cities a "well established and reputable institution, where medical advice may be obtained at a moderate fee," is needed. No one doubts the benefits of a charitable institution, and yet there is no doubt but that charity work is overdone in every city, and very largely in Philadelphia.

Of the many causes of this evil, space will allow of the mention of but one. I refer to the over eagerness of the members of the boards of these various institutions to show up large numbers of patients per year treated. That this is a fact, you need but glance at the morning's *Ledger*, and see a regular and prominent advertisement of several of these charitable hospitals. That large numbers is taken as the standard of prosperity by the board, one need but read the secretary's report of one our most prominent dispensaries, for the year 1875. He says:—"The falling off in the number of teeth extracted may be attributed to a change of physicians in charge of this duty. Our two former physicians, making dentistry a favorite specialty, lost no opportunity in accommodating all who applied, and in requesting them to bring their friends whose teeth needed attention to the same source of relief. Under these circumstances, patients would frequently come to the dispensary in groups, to have their teeth drawn, thus rapidly swelling the lists." He goes on to say:—"This shows how much may be accomplished, both in the direct relief of suffering and in spreading the reputation of our institution, by a prompt and enthusiastic worker—a principle which applies to every branch of this charity." The secretary writes with good intentions; but, doctor, how many struggling dentists have been cheated out of their fees? Has a careful scrutiny been given to the worthiness of the cases? Was the question ever asked, can you not afford to pay a dentist? Is a dispensary to relieve poor people, or simply to rapidly swell the lists and parade great numbers? Truly, this is all wrong. Let us have a reform! B. M. Hanna.

Philadelphia.

News and Miscellany.

Hudson County (N. J.) Medical Society.

At the annual Meeting of the District Medical Society, for the county of Hudson, New Jersey, held in Jersey City, on May 1st, the following were elected for the ensuing year:—

President—Dr. Henry Mitchell.
Vice-President—Dr. W. R. Fisher.
Secretary—Dr. L. J. Gordon.
Treasurer—Dr. F. Geisler.
Reporter—Dr. M. Lampson.
Delegates to the Medical Society of New Jersey—Drs. S. R. Forman, J. W. Hunt, T. F. Morris, J. J. Prendergast, J. R. Waldmeyer, L. J. Gordon, W. R. Fisher.
Delegates to the American Medical Association—Drs. A. A. Lutkins, J. H. Vondy, J. W. Hunt, F. C. Selnow.

L. J. Gordon,
Secretary.

The Birth-rate in Europe.

The following is the birth-rate per 100 inhabitants in Europe:—Russia 5.07, Hungary 4.15, Wurtemburg 4.08, Saxony 4.01, Spain 3.85, Prussia 3.82, Austria 3.82, Italy 3.76, Bavaria 3.70, England 3 56, Holland 3.55, Scotland 3.53, Sweden 3.27, Belgium 3.23, Norway 3.13, Denmark 3.11, Greece 2.89, France 2.65. Ireland 2.62.

This table is based on a French statistical return, and the low birth-rate of Ireland, if true, rather controverts a popular theory of population (for the fecundity of the race is proverbial), though it may be explained by the paucity of marriages.

Multiple Births in Prussia.

In the period between 1824 and 1834 the number of plural childbirths in the kingdom of Prussia amounted to 112 per 10,000 births, and the same proportion was repeated in the succeeding decennium. From 1844 to 1854 the proportion was 114 to 10,000; from 1854 to 1864, 123; from 1864 to 1874, 128. Of these plural births, the immense majority, nearly 99 per cent., were twins. Triplets were somewhat less than one per cent. In over 6,000,000 births there were only 79 cases of four at a birth, and one case of five at a birth.

Male Wet Nurses.

The *Journal des Sages Femmes* has a notice of a German physician in Pomerania who makes a speciality of supplying wet nurses. He excites the secretion of milk, independently of pregnancy. This is effected both in women *and men*. An applicant for a nurse is always asked whether a *male* or *female* is desired. The *former* is preferred by some families, under the belief that greater vigor is thus imparted to the offspring.

Personal.

—Dr. Laurence Turnbull has been elected aurist to the Jefferson College Hospital. Dr. Mears has been elected gynecologist to the same institution.

—A Covington (Ky.) physician has been compelled to pay $5000 for using impure vaccine matter on the arm of a child. The child died, but another child, vaccinated at the same time, did well.

—The approaching marriage is announced, of Miss Hammond, daughter of ex-Surgeon General William A. Hammond, to the Marchese Lauzi di Mercato Bianco, an Italian nobleman.

—Dr. Hugo Auler has been re-elected coroner of St. Louis, by an immense majority.

Items.

—The rumor that the body of Dr. R. H. Green, of Hoosac, had exhibited signs of returning animation, caused a good deal of excitement at Bennington Centre. The rumor probably grew out of the fact that the doctor had a presentiment that he might be buried alive, and exacted a promise from his wife that in event of his decease suddenly, his body should not be buried until decomposition should have commenced, and meantime should be placed in a vault, the coffin left unfastened, and visited often. These requests were complied with by his wife, and the body was visited and examined by a friend of the deceased (a physician). The doctor was stricken down by a disease of the heart, while in good health, and the corpse has now changed and been buried.

—By a reliable census of the medical students of Paris, taken on the 10th of February, 1876, it appears that their number was 6421, of whom 300 only were military medical students. It is evident, therefore, that the reputation of the school has not declined; and that very few foreign faculties, including even those of Germany, can point to a similar afflux of pupils.

—Dr. Dupre writes to the London *Analyst*, that during the last five years he has carefully examined 165 samples of drugs and medicines purchased at the better class of druggists' shops in London, and that seventy-one were adulterated, some considerably. A man cannot be too careful in selecting his druggist.

—Insanity, once unknown among the negroes, has become a great and increasing affliction. To relieve it Virginia has established an insane asylum for negroes, said to be the only one in the world, where more than three hundred of them are cared for.

—The wife of John Heffner, of Reading, Pennsylvania, has lately presented her husband with their forty-fifth child; so says a paper called *Truth for the People*.

—Two physicians of Des Moines, Iowa, are said to have applied for positions as surgeons in the Russian army.

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Original Department.

Lecture.

THE CONSERVATION AND CORRELATION OF VITAL FORCE.

Extract from a lecture delivered by J. T. Rothrock, M. D., Professor of Botany in the University of Pennsylvania.

REPORTED BY C. C. VANDERBECK, M. D.

Professor Rothrock, at the latter part of one of his most excellent lectures on Botany, thus spoke:—

It is but lately that physicists have proven, to the satisfaction of other men equally learned, that there does exist a series of compensations in the forces of nature; and that heat, light, motion, and other powers more or less unknown, not only may be converted, the one into the other, but that their exact equivalents may be stated in infallible mathematics. This had been dimly foreshadowed long ago, but its final proving belongs to our day. Vital force, however, from its very essence, is more intractable, and overrides mathematical restrictions, willing (so far as we can now see) to acknowledge similar relations of the most general character only.

There is no denying that the most sublime mental endowments may in the same individual be associated with the most hopelessly ridiculous, and we are hence prepared to accept as true, or at least as not improbable, that the "greatest, wisest" of mankind could also be the "meanest." Indeed, second thoughts may convince us that surpassing intelligence in one direction, implying unbroken devotion to a given line of study, almost of necessity entails a corresponding ignorance in other lines of mental activity for which no leisure hours can be found.

But whilst we are foiled in any attempt at estimating the exact amount of vital or purely mental force in excess, in one direction, which it will require to compensate for a deficiency in some other, we may, nevertheless, with some degree of certainty, affirm that such relations do exist.

Geoffroy Saint-Hilaire not only recognizes the existence of this principle of compensation, but has drawn largely upon it in his teratological studies.

De Candolle, after granting the relation between excessive growth and atrophy, states that it is often exceedingly difficult to decide whether the former determines the latter, or the converse.*

It is, then, with no claim to originality that this is written, but rather to call for the more general recognition of a law already noted by the more observing ones. We may be unable to explain it, or, what is still more damaging to its chances of acceptance, be unable to show how it is to chime in directly with any form of evolution; for to this we have all now come; still it remains a law, as active as any other, even though it be less sharply defined.

If called upon to express what I believe concerning it, I would say: that all organic things, plants or animals, have a certain proportionate amount of developing force, actual or predestined, and that this synergy is under the direction of inherited tendencies; which being at times misdirected, one organ or set of

* De Candolle, Theor. elem., ed. 1, § 73.

organs may take on excessive growth. Should this occur, there will be a corresponding atrophy in some other organ or set of organs. Now, against this statement of what I conceive to be underlying all growth, many instances can be adduced. Still the facts in its favor, when fairly marshaled, seem to me so preponderating as to make them more than mere coincidences.

The scope of this paper allows me to cite but a few out of the many instances I could give. Among plants, take as an illustration *Larrea Mexicana* Moric., the creosote plant of the southwest. It is a representative of the bean-caper family. Inside the base of each filament (which is filiform) is a large two-cleft scale, conspicuous enough to attract attention. It is not unusual to find filaments whose bases are not filiform, but are broadly expanded. *Erodium Texanum* Gray is a capital example of this. Besides, this same plant has an outer circle of five stamens which are minus their anthers, a fact which I might turn to account in my argument did space permit.

Now, morphology would settle the question concerning the essential nature of the scales of Larrea, by saying that they are the homological equivalents of the stipules we usually find on the right and left sides of the petioles of leaves, and more or less intimately united with them, only in this case, instead of being lateral they are intra-petiolar, *i. e.*, between the petiole and the axis of the plant, just as the stipules are occasionally found. To this explanation no exception can be taken, in so far as it goes. But the question still remains unanswered, why it is, when most plants have neither these scales nor the broad bases to their filaments, in the example I have just given, where a decided tendency to cell proliferation exists, this proliferation should manifest itself in one direction only, *i. e.*, either as scales or broad bases to the filaments, but not both in the same plant?

Gaura, again, furnishes an example of the scales associated with slender filaments; and many more like cases could be brought forward. After some examination I am now unable to find a distinct, unequivocal contradiction to the principle I have enunciated. I am not prepared to affirm some do not exist. Indeed, I should be surprised if they did not.

The typical anther of our conception is possessed of two cells. Sometimes, however, there is but one, which may often be explained by the partition wall being obliterated, and so causing the confluence of these usually separate cells. In Salvia (sage), however, there is but one cell where two might certainly have been expected. One has gone, entirely, or at most a mere knob of cellular tissue may remain to suggest the missing cell. Interposed between the perfect and the imperfect cells is a connective, unduly elongated, which from its very length and association with the separated halves of the anther serves to explain the want of development in the one. In other words, the connective is vigorous and lusty, at the expense of the impoverished cell.

Or take that illustration, almost too familiar to be alluded to here, the transformation of the stamens of the wild rose into the petals of the cultivated. It is a simple change of direction given to vital force, but, in so far as I can see, is no superadded power of development. Cultivation may turn the energies of the savage into a new channel, perhaps a higher one in some respects, but it does not follow that it is therefore, because higher in this sense, any indication of greater vitality or force of development. It is simply evidence of a transfer of power, and nothing more.

I have now in my possession an ear of Indian corn on which the grains have failed to develop, the chaff surrounding the grains being on the other hand enormously overgrown. If this instance stood alone I should be willing to admit that the failure of the grains to grow simply allowed room for their envelope to take on so unusual a size. I could, however, were I disposed, cite a long list of cases in which so mechanical an explanation would fail. I will quote a few, freely translated from Moquin-Tandon.

"M. Duval has observed flowers of verbascum, in which the filaments of the stamens took on an unusual growth, and at the same time lost the usual hairs."* "In certain excessive developments of the parts of the vegetable the hairs abort incompletely, or entirely."† Mr. Joseph de Caffarelli has given to me a somewhat dwarfed branch of bitter-sweet, which is covered with an enormous number of small hairs."‡ "In Phleum Boehmeri the inferior palet of the flower is dilated sometimes beyond measure; the edges then are soldered together

* Tératologie Végétale, p. 63.
† *Idem*, pp. 62 and 63.
‡ *Idem*, p. 68.

at the base; at the same time the superior palet, and the pedicel of the rudimentary flower, abort entirely."*

"I have observed a monstrosity of Faba vulgaris, the stipules of which had taken on an enormous increase; they were changed into oval, foliaceous limbs, half arrow-shaped and slightly sinuous; at the same time the limbs of the ordinary leaves had disappeared entirely."†

"In a monstrosity of Muscari comosum, all the flowers had aborted; at the same time the peduncles had become longer."‡

"Lately there has been communicated to the Société d' Agriculture de la Haute-Garonne a spike of corn which presented a curious example of this last balance; all the flowers were found in a normal condition except one, of which the calicinal envelopes had taken on a growth almost double their natural size; the surface of this flower was covered with a thick coat of hairs, and its appearance resembled much that of a flower of the "folle avoine."§

"In some flowers the atrophy of the stamens coincides with the hypertrophy of the pistils. For example, in certain individuals of Lychnis dioica the male organs are found dilated, so that the pistils are represented by small, gland-like bodies; but in the other flowers the female organs are much developed, so that the stamens are reduced to simple rudiments; the same phenomenon occurs in Spiræa Aruncus, and in Sedum Rhodiola."‖ In this last quotation we have plants associating themselves with such as our Houstonia cœrulea in which (belonging to hermaphrodite genera) there is a manifest tendency to assume that higher sexual organization where the individual shall be prepotently either male or female, as the one or the other set of organs takes on unusual growth. In other words, it seems to be a good illustration of the principle of vital compensation applied to function as well as to structure.

Mr. Thomas Meehan has furnished us a case directly in point in Fragaria vesca L. I quote him almost verbatim. "When it does not produce stolons, the number of flower spikes is increased, and, as they cannot run as stolons, they make up for this by continual axial production, bearing a succession of flowers through the whole season."

"Sometimes the runner party will so get the upper hand that the pistils will be entirely suppressed, in which case the runners push out with so much enthusiasm as to crowd down and frequently destroy their floriferous neighbors. In fact, just in proportion as the plant becomes truly fruit bearing, and with a tendency to produce a succession of fruit on the same stock, is the tendency to produce runners checked." He then gives a modification of the above, but which is still a case in point.*

The same journal contains a description of a double early saxifrage with a small panicle, double flowers and no trace of either stamen or pistil.†

The animal kingdom would furnish us with still more striking illustrations. A fact I had long suspected concerning hydrocephalic children met lately with a most unexpected confirmation in the distinct, unequivocal testimony of one of the most distinguished living pathologists. "The process of enlargement in these cases is often one of simple growth, and that indeed to a less extent than it may seem at first sight; for it is very rarely that the due thickness of the skull is attained while its bones are engaged in the extension of their superficial area. Hence, the weight of a hydrocephalic skull is not much, if at all, greater than that of a healthy one; a large parietal bone, measuring nine inches diagonally, weighs only four ounces, while the weight of an ordinary parietal bone is about three ounces."‡

In his admirable text-book on "Diseases of Children," 2d edition, page 298, Dr. J. Lewis Smith, under head of "Anencephalic Children," writes:—"The vault of the cranium is absent. There is a deficiency of the frontal, parietal and occipital bones, except those portions which are near the base of the cranium. These portions are very thick and closely united, as if there were the usual amount of osseous substance, but instead of expanding into the arch, it had collected in an irregular mass at the base of the cranium."

Quoting again from the same author we are told:—"Hypertrophy of the brain is associated with rachitis, and stunted growth."§ Under rachitis, he informs us that, while in the first and second stages there is an arrest of ossification and a deficiency of calcareous salts in the

* Tératologie Végétale, p. 157.
† *Idem*, p. 156.
‡ *Idem*, p. 156.
§ *Idem*, p. 158.
‖ *Idem*, p. 158.

* *American Naturalist*, August, 1869, pp. 328 and 329.
† *Idem*, p. 327.
‡ Surgical Pathology, Paget, pp. 58 and 59. Third English edition.
Op. Cit., p. 374.

system, there is often in the third stage, as Lebert has stated, an exuberance of ossification and a superabundant deposit of the salts of lime, so that the reconstructed bone is stronger and firmer than the normal bone." *

Here, then, it would seem as though the compensation might extend over different intervals of time, one period being marked by a plus quantity, another by a minus:—a happy illustration of what John Hunter called the "body's memory." For this we are not entirely unprepared. The "stale" condition of overtrained pugilists is as much due, after all (some things lead us to suppose), to an excessive demand on their vitality as to subsequent dissipation; and the early break-down of so many of our best college gymnasts is but another fact in the same category. Overdraw your bank deposit at one time and you are left a debtor at another.

Failure of the long bones to properly develop in their longitudinal direction under certain conditions of disease is connected with undue thickening of the same bone.

Turning now to the domain of surgery proper:— it is probable that the vast majority of new growths will be found to occur in advanced age, or at least after the "prime of life." I exclude ovarian tumors, for manifest reasons.

So commonly do we find scirrhous tumors of the breast associated with declining years, that age is always made an element of the diagnosis. The testimony of Paget on this point is most explicit. His table of the frequency of cancer at the different periods of life is—

Under 10 years	5
Between 10 and 20 years	6 9
" 20 " 30 "	21
" 30 " 40 "	48.5
" 40 " 50 "	100
" 50 " 60 "	113
" 60 " 70 "	107
" 70 " 80 "	126†

thus showing that its frequency is more than twenty-five times as great between seventy and eighty as at ten years of age.

Does it not seem as though the still unused strength, lacking in these declining years a legitimate employment, were engaging in the development of a low grade of cells whose vitality was insufficient for their own stability? This, however, is but a poor hypothesis to account for a well proved fact.

* Surgical Pathology, Paget, pp. 98 and 99.
† Third English Edition, p. 798.

Be all this as it may, however, of this there is no doubt: that after the removal of an external, malignant growth, at an advanced stage of development, the chances of disease of the same character attacking an internal organ are greatly increased; hence prolongation of life is seldom gained by a surgical operation.*

Mr. John Simon gives an explanation of some of these facts I have derived from medical literature. I quote him, as they possibly may have a wider application. "But besides this antagonism effected through the general circulation, there probably are antagonisms of a local character; and parts which are respectively supplied by different contiguously rising branches of one arterial trunk seem specially able thus to antagonize each other. For, assuming the flow through an arterial trunk to remain the same, one branch, or set of branches, can only transmit more blood, if, simultaneously, another branch or set of branches transmit less; and we may well conceive it to be an important function of vasi motor nerves to provide for the adjustment of this antagonism, by establishing such inter-arterial sympathies that the relative opening of one branch shall determine the relative closure of another."† If not too mechanical and in contravention of vasi-motor function, I would venture to suggest that the relative closure of one branch might determine the opening of another, by forcing more blood through the latter. This would only account for those instances of the organic balance in which the plus and minus were in organs supplied from the same arterial trunk, *i. e.*, anatomical relatives. On the next page, however, the same author takes a more comprehensive view of his subject, and says:—"Textural excitability, perhaps, is not so exclusively local but that in this respect, also, these may be conditions of inter-textural balance; the total excitability of the body at any given moment being perhaps of fixed amount; so that, with regard to excitement, just as with regard to blood-supply, plus in one organ would imply minus in another."*

I am unable to say just what views were entertained on this subject by Geoffroy Saint-

* I am aware of the statistics of Velpeau regarding the removal of cancerous growths, but as they are so greatly at variance with the observation of the mass of surgeons, I do not regard them as invalidating my statements.
† Holmes' Surgery, 2d edition, Vol. i, p. 80.
* *Idem*, p. 81.

Hilaire, not having access to his writings. Milne-Edwards gives the following clear statement of his own opinion. "The principle of connection of organs regulating the place occupied by each; a tendency to an organic balancement, equipoise, or compensation when the development of an organ acts, as it were, injuriously upon others, as if the amount of vital force were restricted and limited."*

Finally, I quote the following at second-hand from Meckel. It seems almost too strange to be true, but as the authority is above reproach we can only accept it as a fact. Let it be observed that here, however, "this antithesis extends over different children of one and the same mother. A girl had on each extremity a superfluous digit, and one hand of her sister wanted four, being the number of digits which her sister had in excess, reckoning the four extremities together."†

These are a few out of the immense mass of similar illustrations I might bring forward in support of my belief in an absolute law at the bottom of these correlations of structure, and may I not add, often of function?

There are many facts, on the other hand, which seem to militate against it. But it appears to me most likely that as we more thoroughly understand the principles of biology, in the same measure will our exceedingly vague ideas on this subject become more determined and absolute:—in fact, the evidence must, almost of necessity, like that in favor of the theory of gravitation, become of a cumulative character. Any other supposition would imply a belief in the ancient idea of a *lusus naturæ*, which is opposed to the most firmly grounded dogmas of modern science.

Any decided deductions in the way of distinct propositions concerning this law are as yet premature, but the following may find some support in the cases I have already given:—

1st. That organs anatomically or physiologically related tend to compensate among themselves for any aberration of structure or function.

2d. That an organ over-developed in one direction will be under-developed in some other: *e. g.*, the case of the long bones already cited.

3d. That time may be an element in this compensation: *i. e.*, in rachitis deficient deposit of bony material may be followed later in the disease by an excessive deposit of it in the same bones.

4th. That the influence of this law may extend from one conception to another, as illustrated by the case related by Meckel.

NOTE.—These remarks are the substance of an article of Prof. Rothrock's, appearing several years ago in the *American Naturalist*.

* Manual of Zoology. Translated by R. Knox, edited by Blake, edition 1863, p. 200.

† Cyclopedia of Anatomy and Physiology, Vol. iv, part 2d, p. 916.

COMMUNICATIONS.

JABORANDI AND ITS USES.

BY A. B. TADLOCK, M. D.,
Of Knoxville, Tennessee.

Read before the Knox County Section of the East Tennessee Medical Society, April 15th, 1877.

South America seems to be a land everlastingly growing medicinal agents—an herbarium naturalis medicinæ. Pilocarpus is a child of the Province of Ceara, Brazil, and Dr. Continho, of Pernambuco, the accoucheur d'enfant. Though of uncertain parentage for a long time, and christened jaborandi during its nursing, botanists have assigned the plant to the genus "pilocarpus pernatifolius," order, probably, "rutaceæ." Jaborandi is a Guarany-generic term; but with slight modifications in spelling and pronouncing, it is the common interlingualized term of several nationalities and Indo-American tribes in South America, "applied to various plants in the natural order of piperaceæ, rutaceæ and scrofulaceæ."

This new medicine, favorably introduced to the medical profession of Paris in 1873, by Dr. Continho, has auspiciously stood the crucis experimentis hospitalis, attesting unmistakably high physiological principles, in its action upon both man and beasts. Not so, however, can we say of its specific therapeutical virtues; for, although very successfully used in, and highly recommended for, certain diseases, it is still in the green-room of criticism and investigation. However, the encouragement and the interest manifested at the centres of medical literature, invite, we think, a more general and familiar knowledge of the drug and its medicinal qualities than has been yet obtained among the profession, wherefore, we venture this brief résumé.

The results of the experiments with pilocar-

pus are scattered throughout numerous journals, but the most elaborate history we get from the United States Sanitary and Medical Reports, Vols. III (Navy Dep't.), by F. V. Green, M.D., U. S. N., 1875. In this and also in several scientific and medical journals are mentioned the results of recent experiments with the drug on man and the lower animals. Besides, the writer gives his own experience with it in extenso, extracts from which we will take advantage of after noticing a few of his quoted authors. Rabuteau, he says, took an infusion of three grammes of the leaves, experiencing sweating and profuse salivation, which continued about three hours. Gubler experimented at the Hospital Beaujon, and reported powerful sudorific and sialagogue properties, with a very perceptible augmentation of the lachrymal secretion, also that of the nasal, bronchial and gastric membranes, with the latter congested and ecchymosed in dogs experimented upon. The English physicians, Ringer, Gould, and Murrell, confirmed the observations of the French as above given, and affirm that the pulse is increased in frequency, and that diarrhœa is not produced by the medicine. Further, Robin and Ringer differ as to the drug's thermometrical effects on the system, the former claiming a rise in the temperature, of from 1° to 2°; the latter as positively states a falling of 0.9°, lasting 1¼ to 4½ hours. Ringer also noticed a disturbed vision, and on applying a glycerized extract to the eye produced pupillary contraction. Robin found that pilocarpal salivation was completely arrested by atropia, whose action is known to contract the arterioles, wherefore he theorized that the new drug paralyzed the vaso-motor nerves, and produced temporary dilatation of the arterial system. "Sphygmographic tracings showed complete asystolia during the sweating stage, from which fact Robin infers that jaborandi acts by paralysis of the vaso-motor nerves," and Rochefontaine likens its effects, in this particular, to the operation of curare, with the difference that the paralyzing effects of the latter are preceded by a temporary spasmodic contraction of the vaso-motor nerves, which seems entirely wanting in the former.

Vulpeau, Ringer, and Robin, all concurred in the antagonistic effects of the two mentioned drugs, not only in salival exhibition, but in all the other features related, including that of the mammary secretion. A lad who "had taken a grain of the alkaloid," in the University Hospital, was restored in fifteen minutes by the administration of "thirty grains of jaborandi."

Dr. Greene furnishes a detailed account of nine patients on whom he used the fluid extract: 2 with syphilitic rheumatism; 3 with chronic rheumatism; 1 with pneumonia; 1 with subacute rheumatism; 1 with orchitis and incipient bronchitis; and 1 with syphilis consecutiva; and concludes as follows:—"The above, with the addition of the trial of the effects on two healthy adults, in whom drachm doses produced the expected results, but without any points deserving special mention, although not presenting a formidable array of experiments, still show such certainty and uniformity of action, that it must be conceded that jaborandi possesses the properties claimed for it by Dr. Continho, namely, those of a powerful yet safe sialagogue and sudorific. "In the main features, my observations," says he, "of the effects of the drug coincide very closely with those already recorded. In no case has either perspiration or salivation been wanting, although they have varied considerably in quantity. In several cases the salivation amounted to twenty fluid ounces, and in no case did it fall below six ounces. The perspiration was profuse in the great majority of cases, and in the remainder was quite free. The pulse invariably rose during the action of the medicine. The temperature followed the same rule, except in one case, namely, in that of the patient with subacute rheumatism, when there was a lowering during the height of the action. This fall was accompanied with considerable pallor, nausea, and hiccough, that persisted until the effects of the medicine passed off. As the action decreased, the temperature returned to the point noted before the administration. As confirmatory of the observations of Robin, with which mine agree, it may be well to state that Rabuteau, in his own case, found the temperature highest when the medicine was acting most powerfully; that Ambrosoli also records a rise of some tenths of a degree, and that Riegel likewise acknowledges a primary increase in this respect. Diarrhœa did not occur in a single case. Increased secretion was not remarked in a single case, from the nasal mucous membrane, and augmentation of the lachrymal in only two or three. Pallor was not remarked in the great majority, while the resulting depression was invariably slight."

It is reported by the same writer that Gubler and Robin used the medicine in articular rheumatism and bronchitis with emphysema, with amelioration of symptoms and "drying up of the profuse mucous secretion;" and that "in Bright's disease the œdema rapidly disappeared, but soon returned." Also, that Dr. Feriol treated with it eight cases in the Maison Principale de Santé; one, a case of syphilitic rheumatism, took fifteen doses, with improvement each dose, but on account of the "lowering" effects of the medicine, it was discontinued. Cardiac complications rendered it necessary to discontinue its use in the second case, one of acute rheumatism. With him failure attended its use in a case of gout, and seemed to aggravate one of neuralgia, and there was no appreciable effect observed in the other four. Dr. Feriol's experience was so at variance with others' views, it suggested the probable spuriousness of the article of pilocarpus used, and led to the discovery of unreliable preparations in the market.

Dr. Czernicki is reported to have obtained wonderful success with it in metastatic mumps. Savignac obtained all the effects by enemata and hypodermic injections. Lastly, Holmes designates the active principles (a volatile oil, an acid resin, and an alkaloid) pilocarpina, while Parodi christens the alkaloid jaborandina, of which Gerrard has obtained the chloride and nitrate, which produces the full therapeutic effect. Dr. Gerrard's report refers copiously to English, French, and German medical journals for information, and speaks specially of Carville's interesting report on the medicine to the Biological Society of Paris, and of valuable contributions on the same subject, by Langley, of St. John's College, Cambridge. Since Dr. Gerrard's report was made, December 1875, we glean the following from the press, which is important:—

Gerrard formed the nitrate and hydrochlorate of pilocarpin, half a grain of which produced the full effect of jaborandi in its other forms. Gubler reports further that six grammes of the bark as a dose is equal to four grammes of the leaves. Laycock, of Edinburg, recommends jaborandi for "both kinds of diabetes," and "some forms of Bright's disease," on the ground that those "are really neuroses, having their seat in that part of the brain which regulates the amount of water in the blood, and has, therefore, anatomical and functional relations with the sudoriferous glands and the kidneys, and with the appetite for water and sense of thirst," giving two cases, in which he shows wonderful success in the use of the remedy. Dr. Martindale takes an unusually large dose, and reports:—

"At 11.30 P. M., on retiring to rest, I swallowed fifty or sixty grains. In five minutes I felt a glow, an increased circulation, an uneasiness in the head, became restless, and the saliva began to flow. In fifteen minutes I was perspiring freely. Salivation and perspiration continued to be profuse, until my sight became blurred. At a distance of four feet I could see my wife, but could not distinguish her eyes. On this occurring, I became a little anxious, as I had taken an overdose * * * * near objects I could see distinctly enough. The pupils were slightly dilated, I was told. Pulse rose from 96 to 104. The depression was not great, but I began to shiver; had more cover and some spirits. The excessive perspiration continued from all parts of the body; the effects of the Turkish bath were nothing to it; the saliva, for a time, required almost constant ejection, and the cheeks had a kind of collapsed feeling. Speech was difficult and indistinct. At one o'clock was sick, and vomited some saliva I had swallowed. Night shirt and arms were soaked and steaming with sweat. At 1.40 I fell asleep, and slept until 6, and woke with pulse at 88, 80 being normal.

H. C. Wood, M.D., author of "Therapeutics, Materia Medica and Toxicology," in prescribing the medicine, recommends "that when there is general high temperature and sthenic excitement the combination of jaborandi and an arterial sedative will probably be found useful."

[Dr. Craig, of Edinburgh, in a lecture, refers to an account of this medicine in a Brazilian dictionary, published by Dr. Chernovis, in 1868, which assigns the plant to the order piperaceæ, and mentions a tincture made of one part of the leaves to eight parts alcohol, which, when used, acted as a sialagogue. This suggests a doubt as to the right discoverer.]

But it is not essential, although interesting, that we should further pursue these reports, and the experience of others, all of whom seem to concur pretty uniformly in their statements that the drug has rare and very powerful medicinal properties, not possessed in an equal degree, by any known substance in our materia medica—that of a sialagogue and sudorific.

Impressed with the favorableness of the effects of the medicine, I, in December last, procured, through the house of Lyons and McCampbell, druggist of our city, two fluid ounces of the extract, and receiving such encouragement in its use, I had them to order another supply, of which they have filled several prescriptions for me.

In all I have prescribed it to eleven or twelve patients. First, a girl aged nine, with acute rheumatism, with œdema of extremities and the usual excessive pain on palpation and motion, and other symptoms common to such cases. No complications ascertained. Gave thirty drops of the fluid extract pilocarp, twice per day, which produced promptly the usual salivation and diaphoresis attributed to its therapeutic action. On the fourth day my patient sat up and could take a step or two by holding on to some support, swelling and pain having entirely disappeared. Without further treatment, she was out and enjoying usual health in a day or two. A case of muscular rheumatism, one of meningeal rheumatism, and then another of muscular rheumatism, and one of lumbago, all were treated with the fluid extract, with varying success. A case of enlarged prostate, with hemorrhoids, seemed to be greatly benefited at the first dose, and the patient continued its use thrice per day, until able to return to business. Three cases of incipient catarrh, or "bad colds" (sufficiently severe in attack to cause a resort to medical aid), were arrested and entirely broken up by a single dose each. In the other two or three cases, the physiological effects were all that was expected. And here we will close our report, having intentionally, for want of space, avoided detailed statements. Though the field is inviting, and the opportunity tempting for theoretical pursuit, I will conclude by observing that, therapeutically applied, the new remedy coincides in physiological action with the most acceptable in medical literature for the treatment of rheumatism by secernent stimulants, prominent among which are the sialagogues and sudorifics.

The secernents upon which these classes of medicines operate specially, being usual and efficient channels through which nature manifests her greatest efforts to throw off toxic matters, as evinced in the sweating of fevers, in sewage poison, in cholera and hydrophobia, in mercurialization and some stages of rheumatism, and many of the vegetable and mineral poisons, their action justifies us in the belief that they may be made more subservient to the demands of the medical art, as mechanical agents, if nothing else, by the effect of substances which will more directly and greatly increase their action, in the way of eliminating foreign materials, expelling and correcting vicious secretions, and sometimes, with the aid of tonics, by harmonizing the digestive and assimilating processes, as, for example, in specific rheumatism, in water brash, or in acute serous effusions.

Hospital Reports.

UNIVERSITY HOSPITAL.

LECTURES OF PROFESSOR WM. PEPPER.

REPORTED BY SAMUEL M. MILLER, M.D.

Incipient Phthisis.

The attack began in this case, that of a sailor, twenty-four years of age, with a slight, dry, hacking cough, some two years and a half ago. Six months after that date, when at work on shore, he had a severe hemorrhage, and lost a pint of blood. The hemorrhage was followed by fever and an increase of the cough, which, however, soon subsided, and he returned to his work. Six months later he had another hemorrhage larger than the first. Again the same improvement occurred, to be again followed, after another six months, by a third hemorrhage. One month ago he had a fourth hemorrhage, and later still he has had two or three slighter ones. *Throughout these two years and a half the mucous secretion has been scanty and the cough dry.* There has been but little loss of flesh. Epistaxis has occurred several times. The patient exhibits no cardiac, nor gastric symptoms. The pulse is 96 and the temperature normal, with the daily fluctuation of half a degree. There is thick, tenacious mucus on the posterior wall of the pharynx, the mucus membrane is congested and the tonsils enlarged. Physical examination shows a symmetrical, non-phthisical chest, with good expansion, though there is a little less motion at the left apex than at the right. There is no contraction and no increased vocal fremitus. Percussion is healthy on both sides, with the exception of a very slight elevation of pitch and a little less volume at the left apex. Auscultation shows a slightly weaker expiratory murmur, with prolongation of expiration at the left apex. There is evidently a disposition to hemorrhage from the mucous surface. It is impossible that such large hemorrhages as he has had should have come from the fauces or larynx. They may, however, have come from the bronchial mucous membrane, and have been due to acute congestion of the left apex.

The diagnosis must be considered finally, not only as regards the preëxistence of local lesions, but also as regards vital tendencies and the significance of such lesions. In this aspect we may conclude that our patient has a very slight degree of condensation of a portion of the left apex, due to repeated congestions, and some degree of subacute inflammatory action, but without true tubercular formation as yet. It is in just such cases as this that exact diagnosis is of vital importance, although it is attended with difficulties that are absent when the disease has advanced to the later and less curable stages.

There is no doubt that even large hemorrhages may occur from the mucous membrane of the bronchial tubes, without pre-existence of any disease of the lung tissue. In some cases, too, it appears that the occurrence of such a hemorrhage seems to excite an irritative process in the lungs, which, in subjects who are predisposed to phthisis, may result in chronic, destructive lung disease. In such instances, of course, the initial symptom would be the hemorrhage taking place, perhaps accidentally, in the midst of ordinary health. That there is needed a constitutional or local predisposition to disease, in addition to the hemorrhage, may be learned from the numerous cases where even large and repeated hemorrhages occur without the supervention of phthisis. Thus I believe that the importance of hemorrhage as a cause of phthisis is much exaggerated by a certain class of pathologists. On the other hand, with the existence of even a very small amount of lung disease, hemorrhages are very apt to occur, probably as the result of severe congestion. Thus, in the present case, it is for us to consider whether there has been a small amount of subacute local disease all along, and that the hemorrhages have occurred from temporary broncho-pulmonary hemorrhages, or whether the hemorrhage was its first phenomenon, and the local disease was induced by it, and has been increased by each subsequent hemorrhage. In view of the history of dry cough, preceding the first hemorrhage for six months, and of the rapid return to the previous condition which followed each hemorrhage, I am inclined to take the former view. In like manner, cough deserves careful study, as an early symptom of phthisis, although, owing to the frequency with which chronic cough is due to fancied laryngeal or bronchial irritation, much care is needed to determine its true significance. The cough in incipient phthisis is usually short, hacking and painful, and is at first dry, and continues thus without expectoration, for a variable time, weeks or even months. Expectoration, when it begins, is apt to be at first of glairy mucus, later of whitish and thicker mucus, and then of whitish, yellow, muco-purulent matter. True, solid, purulent sputa rather belong to a later stage. These symptoms we have thus alluded to, and even the detection of physical signs of slight localized change at one apex, can only have their true value given them, when viewed in connection with the general constitutional symptoms. In the present case, both the local and general symptoms are exceedingly slight.

The local signs are usually found at the upper part of one lung. They depend on the development of little centres of disease—tubercles, a peculiar type of lymphoid tissue—growing from either the connective tissue elements or the alveolar epithelium of the minute bronchioles. Each tubercle cuts off partially the supply of air from a colony of air vesicles, and thus impairs expansion. On auscultation this same cutting off of air makes the inspiration feeble. The inspiration may be not only weak, but also jerky. The air has the same difficulty in getting out, so expiration is more prolonged. Percussion ought to show less resonance over the affected spot, but this frequently amounts only to a slight elevation of pitch and loss of volume, which, when at the left apex, as in this case, are with difficulty appreciated, on account of the light natural difference between the right and left apex.

Among general constitutional symptoms which afford means of diagnosis may be mentioned loss of flesh, debility, increase in rapidity of pulse, and elevation of temperature. Marked general emaciation always means that something serious is the matter. It may be the result of impaired digestion, but if the patient eats heartily and still loses flesh, there is something vitally wrong going on. If flesh keeps up, even when other decided symptoms show themselves, there is more reason to hope that the local lesion may not be of truly tubercular nature. Loss of muscular strength, unless it be very marked, is not so important as a symptom, as loss of weight, for muscular weakness may come on from temporary causes. Getting out of breath easily may be merely a symptom of debility, or a symptom of organic lung trouble. Rapidity of pulse is exceedingly valuable as a rational sign. The normal pulse is 72, but it may vary from 54 to 86 with perfect health. Persistent and sustained increase in pulse rate, however, without cardiac disease, is apt to indicate serious constitutional irritation due to some local lesion. Elevation of temperature always means increased tissue change. It may, in the earliest stage, not be greater than half a degree. There is no more important symptom than this last, and it usually sets in long before the physical signs become evident. Temperature differs much in different people with the same amount of lung disease. We must, therefore, always take into consideration the individual idiosyncrasies of the case under treatment, before reaching a final conclusion.

The treatment of such cases as the one now under consideration, where there is slight impairment of one apex, and an accompanying liability to chronic, but not tubercular, phthisis, may be entered into, and carried on, with great hopes of permanent cure. Among the most important hygienic measures, are good food,

healthful out-door exercise which will expand fully the chest, and an equable climate, such as may be found in the south of California, New Mexico, or the southern and western slopes of Colorado. Sea voyages, such as a cruise to some tropical ocean, and not sailing about in some inclement climate, as many consider the term to mean, are often most plainly beneficial. If these ways of regaining lost health be out of the question, and the patient be compelled to stay at home, inhalation of compressed air may be tried with success; counter-irritation may be applied over the seat of disease, and cod liver oil, the syrup of the iodide of iron, arsenic, and the hypophosphites of lime, soda and iron administered internally.

Tubercular Laryngitis.

The patient, a man of thirty-two years, has suffered for eleven months with cough and increasing weakness. There seems to be no hereditary tendency. The sputa were at first white and frothy, but are now yellowish and muco purulent, and occasionally tinged with blood. There has been some night sweating, but no hæmoptysis. From time to time the man has coughed up gritty, calcareous matters, about half the size of a pea. This calcareous deposit is the inorganic remnant of little spots of cheesy pneumonia, the organic parts of which have become softened and absorbed. This symptom is on the whole favorable, showing that the morbid process has been slow, with a tendency to localization. The man's voice began to be harsh five months ago; it is now reduced to a mere hoarse whisper. He suffers from great difficulty in swallowing, and the attempt to take liquids is apt to cause strangling, from the entrance of the fluid into the larynx. The disease affects the epiglottis, vocal chords, and follicles below. The ulceration starts from the follicles of the mucous membrane, which may be the seat of true tubercular disease, or may simply become hypertrophied and burst. There are the usual symptoms of swelling, redness, and œdema in the throat. The swelling partly closes the entrance to the larynx, so that air cannot easily enter the lungs. The patient has had attacks of congestion with increased swelling, from time to time, thus accounting for the alternation in the severity of the symptoms. The left apex is healthy, the resonance of the right apex is fair, but has a higher pitch. Auscultation gives moist crackling and gurgling râles over the right apex.

When phthisis begins in the larynx, as in this case, the symptoms are generally a laryngeal cough and more or less serious lesions of the larynx. The patient fails in health, and loses his strength and voice. The larynx may, however, be implicated after the lungs, though there need not be, of necessity, a deposit of tubercles in it. When laryngitis comes on first it may greatly complicate the recognition of slight development of lung trouble, masking, as it does, the physical signs. In such cases we must rely mainly upon percussion and palpation, and the possibility of catching a quiet breath in the pauses of the usual snoring respirations. When laryngitis comes on late the voice gradually grows feeble, sometimes reduced to a mere whispering effort, the cough becomes laryngeal, and even swallowing produces irritation.

The general treatment of such cases is the same as that for phthisis. Locally, pure nitric acid, or strong solutions of nitrate of silver, may be applied to the ulcers. Extreme care must, of course, be had in making these strong applications, and a delicate brush holding the caustic guided carefully to its destination by the aid of the laryngoscope. For the œdema, astringent solutions, such as sulphate of zinc, copper or alum, may be recommended. Gargles and inhalations can be used for the cough. The following formula will be found of value:

℞.	Tinct. benzoini comp.,	f.℥ij	
	Glycerinæ,	f.℥ss	
	Aquæ q. s. ad.,	f.℥iv.	M.

Sig.—To be used as a gargle.

Inhalations of steam, vapor of hops, or conium, are sometimes successful as palliatives. Counter-irritation may be applied externally to the larynx, in the shape of small blisters. To relieve the sense of fullness, lozenges of krameria, hæmatoxylon, or tannic acid, are prescribed. In desperate cases tracheotomy might be performed, and a metal tube worn, thus putting the much worn larynx to rest. It is needless to say that such cases as the above are most intractable, and that the prognosis is always grave.

Mitral and Tricuspid Regurgitation.

The patient, a girl of 20 years, had rheumatism some time ago, and has lately been suffering from increasing cardiac difficulties. When admitted to the wards she exhibited the most extreme symptoms, viz., congestion of the lungs and liver and general anasarca. She also had marked jaundice, and great dyspnœa, and shortness of breath. The area of cardiac dullness was much increased. When brought before the class her condition had been vastly improved by a restricted diet and the use of mercurials.

In such general obstruction of the circulation, the main indications are to sustain the tone of the system, and to lessen the mass of blood. In mild cases, abstinence from blood-making food, and a diet of a couple of pints of skimmed milk, daily, will often act advantageously in a short time. If depletives are needed, the best of them is mercury, three to four grains of blue mass, followed in six hours by a saline. The mild mineral waters are also useful; in desperate cases nothing will act as rapidly and as effectively as opening a vein in the arm, or drawing from eight to ten ounces of blood, by wet cups, from the back.

Catarrhal Jaundice.

This man, a weaver by trade, has been much exposed, of late years, to extremes of heat and cold. Some time ago he had a severe attack of indigestion, with flatulence, general weakness, and a feeling of weight in his stomach. Since that time he has suffered from attacks of jaundice, coming on every six weeks or so, and lasting from four to five days at a time. Lately, they have occurred at intervals of ten days. His face and the whites of his eyes are very yellow, and the whole of his body is more or less tinged. In the region of the gall bladder there is some resistance and impairment of resonance upon percussion, but no enlargement and no tumor to be found. From the history of the case, the jaundice has evidently been the secondary result of inflammation of the mucous membrane of the stomach and duodenum, which, in course of time, involved the bile duct, and brought on obstruction by inflammation and swelling of its lining membrane.

Jaundice is produced by various causes. (1) obstruction may be caused by swelling of the lining membrane of one of the ducts, either the bile duct, or ductus communis; or (2) it may be brought on by the pressure of a neighboring enlarged gland, or tumor upon the ducts; or (3) it may be the result of the passage of a gall stone.

The first symptom is the coloration of the skin, the whites of the eyes, the face, and those parts of the body where the circulation is most rapid and the skin softest, which become yellow, or, where the case is very aggravated, olive green. The bile is turned from its proper channel and reabsorbed into the blood. The other symptoms are the clayish, whitish, or grayish color of the fæces, the yellow sweat which stains the clothes, and the brownish yellow urine. There is generally obstinate constipation, and possibly dyspeptic symptoms arise. There are two kinds of jaundice, that from obstruction, as in the present case, and jaundice from suppression. In the latter variety, in which the elements of the bile are not removed from the blood, the symptoms are those of nervous and nutritive disturbance. The diagnosis between the three varieties of jaundice from obstruction, noted above, is made generally without difficulty. Where the obstruction is produced by the passage of a gall stone, the attack is generally very acute and terrible—like an acute attack of colic—and attended with severe nausea and vomiting. The patient goes to sleep after the attack and wakes up yellow. Percussion and inspection will generally reveal the presence of a tumor or enlarged gland which presses upon the ducts. In the case under consideration the nature of the cause is distinctly revealed by the symptoms which indicate the inflammatory origin of the disease. A peculiar symptom frequently noticed is the intense itching produced by the circulation of the bile acids in the flesh.

In the treatment of this case we must first allay the irritation of the mucous membrane of the stomach and duodenum, and not begin by acting on the liver with cholagogues and mineral acids. All exposure must be avoided. A tumblerful of some one of the alkaline mineral waters should be taken twice daily, and nitrate of silver with small doses of the extract of belladonna given in pill form. Belladonna prevents spasmodic contraction of the ducts. Where there is much local irritation, blisters may be applied over the gall duct and gall bladder.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, April 11th, 1877. Dr. E. G. Janeway, president, in the chair.

Loose Cartilage Removed from Knee-joint.

Dr. Bull presented a specimen of loose cartilage removed by operation at the New York hospital, from the knee of a man aged twenty. An incision three quarters of an inch in length was made, and the cartilage was then extracted through it. The edges of the wound were brought together by means of carbolized catgut ligature, and healed by first intention.

Urethral Calculi.

Dr. Erskine Mason presented two urethral calculi, which he had removed from a patient at Roosevelt Hospital. The patient was thirty-one, and had been operated upon by Dr. Eager, four years ago, for stricture of the urethra. Two years ago he had been a patient in Roosevelt hospital, and though he had several strictures he absolutely refused to be operated upon. On November 17th, 1876, he reëntered Roosevelt Hospital; he was suffering from phthisis, and several perineal fistulæ were visible. On December 5th, while passing a sound into the urethra, Dr. Mason had detected the presence of a calculus at the peno-scrotal junction. An attempt was made to extract it by first dilating the urethra, but this failed, and perineal section was resorted to, the strictures having been divided at the same time. Two calculi were removed; one weighed three grains, and the other measured one inch in length, and weighed one scruple.

Cystic Degeneration of Kidney in a Centenarian.

Dr. A. H. Smith presented specimens, with a history, as follows:—

A man, aged one hundred and eleven years and twenty-five days, had enjoyed good health, until within a short period of his present illness. He had become addicted to the use of opium, long ago, which caused him to suffer from constipation. He gradually diminished the amount of opium he took to a four-grain pill at bedtime. One day last January he was attacked with severe dyspnœa, after exposure, which lasted for forty-eight hours; this proved to be an attack of pulmonary congestion.

He rallied, but it left him in a feeble condition. Fifteen days before he died, his right thigh became enlarged, but the swelling was not inflammatory. It occurred over the seat of an old fracture of the femur, which the patient had sustained when he was ninety, and was apparently the source of a cold abscess, as evidenced by fluctuation. A consultation was held, and it was decided not to operate, unless some constitutional manifestations should arise from it. The swelling increased in size, and was aspirated at three different periods. He gradually sank, and died of asthenia on April 3d. During the patient's illness an abdominal tumor could be felt, extending midway between the ribs and crest of the ilium, on the right side; it was not painful on pressure.

Autopsy.—On opening the abdomen a growth was found extending from the umbilicus to the right, and downward. It was the size of a child's head, and was covered by the peritoneum. The growth was composed of cysts, both of which contained a substance resembling hashed liver. The larger one contained about three pounds of this substance. On further examination it was found that this tumor represented the right kidney, that organ being absent. A cord was found adherent to the spinal column opposite the second lumbar vertebra. Above the large tumor was a smaller one, which was thought to represent the suprarenal capsule. Below the larger growth another cyst was found, which was partly solid and partly liquid.

On examining the right thigh, three cysts were found at the seat of the abscess, situated immediately beneath the vastus externus muscle. Two of them were more or less broken down, while the other was complete. Their contents were similar to those of the abdominal cysts. The breaking down of the walls of these cysts was evidently the cause of the abscess. The left kidney was contracted, and cysts were seen upon its surface. The capsule was not adherent. The cortical portion had almost entirely disappeared, and what remained of it contained numerous cysts. The patient had exhibited no evidences of renal disease. The liver was small and fatty, the right lobe containing a small cyst filled with a clear fluid.

The heart was fatty and the aortic valves calcareous. The arch of the aorta was distended, and calcareous patches were visible upon its inner surface. The lungs were in a normal condition.

Pseudo-Leucæmia.

Dr. Delafield presented a specimen, in behalf of a candidate, with a history, as follows:—

A man, aged 43, a laborer by occupation; had always enjoyed good health. In his youth he had been devoted to athletic sports. He had never contracted venereal disease. During March, 1876, he first complained of pain in the lumbar region; five months later he noticed that his abdomen was swelling. On August 1st he entered Roosevelt Hospital. A tumor, the size of a hen's egg, was seen in the umbilical region, which, subsequently, slowly increased in size.

On October 14th the patient left the hospital. He re-entered shortly afterward, and it was found that the swelling had increased in size, and was painful. The patient had lost his appetite, and was very much emaciated. The urine was tested, and found normal. During December this patient had intestinal discharges of blood and mucus.

On February 19th, 1877, his legs became œdematous. Albumen and hyaline casts were now found in the urine. Death occurred on March 22d.

Autopsy.—Body greatly emaciated. On opening the abdomen a tumor was found occupying the right iliac region; it was situated behind the peritoneum, and was coated with pus. It was attached to the four lower lumbar vertebræ, to the under surface of the duodenum, and to the rectum below. There were no changes in the intestines or bladder. The tumor had been developed from a number of glands situated behind the peritoneum.

Dr. Delafield presented another specimen of a similar nature. This patient was an Italian, aged thirty-five, who had been under the care of Dr. Erskine Mason, at Roosevelt Hospital. He was admitted to the hospital on September 7th, 1876. He was very anæmic, and had several enlarged glands about his neck. On the 24th they were found to have increased in size. On October 12th he complained of pain in the left leg, with loss of power. On measurement it was found to be smaller than the right leg. On December 6th the blood was examined, and found to be normal. On March 26th diarrhœa set in, and he died on April 8th.

Autopsy.—Brain not examined. Numerous enlarged lymphatic glands were found about the neck, and surrounding the trachea, but not compressing it. These tumors extended to the infra-clavicular region. No enlarged glands were found within the thorax. The liver was enlarged and waxy, the spleen small and waxy, and the kidneys normal. The stomach was the seat of catarrhal inflammation. There were superficial ulcers upon the mucous membrane of the rectum. The mesenteric glands and Peyer's patches were enlarged. The inguinal glands, and the cervical and axillary glands were enlarged on the left side. On microscopical examination of the medulla oblongata, an increase of stellate and fusiform connective tissue cells was discovered. These cases seem to be pseudo leucæmia.

Pott's Disease—Death Resulting from Cerebro-Spinal Meningitis.

Dr. Satterthwaite presented a specimen of caries of the lumbar vertebræ. A man, aged thirty-four, was admitted to the Presbyterian Hospital, on September 24th, 1876. A few months before a swelling had appeared in his left side. A sinus was found five inches to the left of the ilium. On December 29th incisions

were made, to enlarge the sinus. On January 2d, 1877, the patient was seized with a chill, followed by fever and pain along the spine. On the next day subsultus tendinum and delirium were marked. He died on January 4th. There had been no tenderness over the lumbar regions. The patient had complained of formication in his arms and legs.

Autopsy.—There was necrosis of part of the crest of the ilium. There was caries of some of the lumbar vertebræ, with perforation of one of them, thereby establishing a communication with the spinal canal, causing meningitis. Beneath the dura mater there was fibrinous effusion. The sinus which was found to the left of the crest of the ilium communicated with the carious vertebræ through the abdominal cavity. The heart and kidneys were normal, but the liver was waxy.

Dr. Satterthwaite exhibited another specimen, where the sinus was found in the groin and communicated with double psoas abscesses. The cause of death had been albuminuria.

The President mentioned a case of caries of the vertebræ presented by Dr. Gibner about a year ago, in which the cause of death had been basilar meningitis.

Editorial Department.

Periscope.

The Method of Bandaging in Ulcers of the Leg.

Mr. Wm. Prowse writes to the *British Medical Journal.* I have intimated the importance of rest in the successful treatment of ulcers in the lower extremity; and this is generally perceived and admitted by all surgeons; but, to think that rest in the recumbent posture is alone sufficient to effect the cure, is a very great error, and shows how little some of us are able to profit by the lessons of experience.

It is my opinion, and not mine only, that such an enforced resting of the entire body from all active exertion is not only wholly unnecessary, but is positively injurious to the patient and his already weakened limb. It is of the utmost importance that a moderate use of the diseased leg should be permitted while the process of healing is going on, to enable the parts to take on an entirely healthy action, which cannot possibly be the case in the bed or on the couch. We want to give the weakened structures a perfect support and a surgical and physiological rest while the patient is going about his or her usual work; and this it is which constitutes the chief difficulty. The end cannot always be attained in the same way, or by exactly the same means, for every case must be treated by itself; but, in all the commoner kinds of ulcer, and other disorders affecting the leg, efficient support may be given by adhesive straps and a roller bandage carefully applied. Too much attention cannot be bestowed on this point; for, if the application of the plaster and bandage be not done with thoughtfulness and care, and completed in every stage of the process with due exactness, the operation will be useless and the result *nil.* An imperfectly adjusted bandage must of necessity be worse than useless; it can only add to the discomfort of the patient by increasing the evils already in existence. The slightest constriction of strap or bandage at any point above that of any part below it, must necessarily interfere with the proper course of the blood in the vessels, and thus evil would result instead of good. It will be at once perceived that skill in the art of bandaging is, above all, the one thing needful.

I must here state my unqualified disapproval of the usual mode of applying a bandage to the leg adopted by surgeons in this country, with very few, if any, exceptions. It cannot be satisfactorily performed in the ordinary way by commencing at the foot and passing upward to the knee. When thus done, every turn of the roller is likely to be made somewhat tighter than the preceding one; consequently, by the time the operator has finished, the constriction is general on all the parts above. I am aware that I shall be met by the statement that every care will have been taken to prevent this result on the part of the dresser; but it is an effect which he can scarcely avoid, however careful he may be. Bandaging, to be effective, should always be performed from above downward; it possesses many and great advantages over the old method; it can be applied more easily, more certainly, and with greater precision: it is the only way in which perfection can be attained; and is, in fact, the only true and scientific method. A bandage thus put on will keep its place for any required period without becoming materially slackened.

When plasters of any kind are deemed requisite for the support of any weak part, these should be applied in the same manner, from above downward. The plaster, cut into strips an inch wide, should be carefully adjusted around the circumference of the leg, beginning above the seat of injury, and gradually coming down the leg, each strap being made to overlap by a third of its width the preceding one.

I have laid stress on this mode of bandaging, for, by its means, a cure is so much more speedily effected; it is, in fact, next to impossi-

ble for the surgeon to succeed without it. He should always bandage the leg himself; for, if he entrust the operation to the patient himself, or other incompetent person, failure will certainly ensue.

I could cite scores of cases cured in this simple way, many of which were of long standing; in some instances, of twenty and even thirty years' duration, yielding in every case a permanent cure, and without any ulterior results of an evil character; and this latter fact cannot be too widely known in contradiction to a very common, but very erroneous, notion, that it is "dangerous to heal an old wound."

On Drainage of the Peritoneal Cavity After Ovariotomy.

In detailing three hundred additional cases of ovariotomy before the Royal Medical and Chirurgical Society, lately, Mr. T. Spencer Wells discussed the influence of drainage of the peritoneal cavity upon the success of the operation. Mr. Wells traced the history of the practice from the time when drainage by the ligature, securing the pedicle, was the rule, to its disuse when the extra-peritoneal treatment of the pedicle and its intra-peritoneal method by ligature or cautery was generally adopted. He thought the occasional use of puncture and drainage to be no reason for preferring it, as had been recommended, at the time of operation, in every case. In the three hundred cases under consideration, he had only made provision for drainage at the time of the operation in eight, and in only eleven other cases did fluid afterward escape by opening of some portion of the wound, or by vaginal puncture. He did not consider that drainage should be a general practice in ovariotomy, but should be reserved for exceptional cases where collection of blood or serum may be expected to follow the operation. Mr. Wells also described the different methods of drainage, as well as the use of simple and antiseptic injections, but the question of the more complete adoption of antiseptic precautions before, during, and after the operation, was reserved for another occasion.

Myxomatous Tumors in Infants.

At a late meeting of the Manchester (Eng.) Medical Society, Mr. Bradley showed a large myxoma which he had successfully removed from the neck of an infant. The tumor weighed seven and a half ounces, and measured four by three and a half inches. The child was seven months old, and otherwise healthy. Mr. Bradley enucleated the tumor, which was situated beneath the deep cervical fascia, on December 10th, 1876, and in three weeks the large wound had firmly healed. He attributed the extreme rarity of records of myxomatous tumors in early childhood to two causes: first, that such tumors were mistaken for other growths, such (*e. g.*) as lipomata or fibromata; and, secondly, that the soft tumors of a connective tissue character, like myxomata, probably underwent a true evolution with the growth and changing tissues of the child, so that, when they were examined at a later date, they were no longer mucoid, but would probably be classed among the sarcomata. Mr. Bradley said that, in his opinion, tumors in early childhood should always be removed at as early a date as possible; no age being too early if they were clearly increasing in size; for, with care, the only grave objection to operation, viz., hemorrhage, might be effectually prevented. This being done, recovery was highly probable, as there was no preceding and very little subsequent shock in operations in early life. Discussing the question of recurrence, Mr. Bradley thought that prognosis on this point was to be more guided by heredity than by any special anatomical character of the tumor itself; and, as there was no family history of any tumor, and as the growth was removed before the system was impregnated with the peculiar germs, he thought recurrence in this case was, on the whole, improbable.

Instance of Susceptibility to Lead Poisoning.

The following case, reported in the *British Medical Journal*, by Dr. R. B. Low, shows how easily some constitutions are poisoned by lead.

A. B, a gamekeeper, was seized with most pronounced symptoms of lead-poisoning. The colic was most intense and the suffering great. There was difficulty in tracing any exposure to the influence of lead; but at last the following particulars were elicited. A fortnight previously to his seizure he had been engaged one afternoon in making cartridges, for which purpose he had mixed some shot of various sizes in a basin, which he had stirred round a few times with his hand. The hand was blackened or "leadened" as he called it, but he washed it three times before sitting down to his evening meal. He acknowledges that the black color was not entirely removed. As persons of his class are in the habit of handling their food a good deal before eating it, we can imagine that some of the lead, at least, found its way into the mouth through the food, although part of the poison was also absorbed through the skin. With regard to the predisposition, he stated that he had been a house-painter, but that, owing to four distinct attacks of lead-colic, he had given up his business and taken service as a gamekeeper. This present attack was the worst he had ever had. The last attack previous to the present one occurred more than two years ago; during this interval he had enjoyed the best of health. There was no debauchery or drunkenness to increase the predisposition.

The interest of the case lies in the marked predisposition this individual had to lead-poisoning, which permitted so small a dose of the poison to be followed by such severe symptoms in so short a time.

Reviews and Book Notices

NOTES ON CURRENT MEDICAL LITERATURE.

——The paper on "Syphilis and Chancroid," by Dr. P. H. Bailhache, to which we referred in our notice of the Report of the Surgeon-General of the United States Marine Hospital, has been reprinted.

——Dr. Landesberg, of this city, reports, in a reprint from the March number of the *Monatsblatt für Augenheilkunde*, three cases of amaurosis consequent on loss of blood. One followed hematemesis, a second metrorrhagia, a third epistaxis.

——A very excellent and timely address on "Medical Organizations and their Value," was delivered before the Alumni Association of the Jefferson Medical College, at its last meeting, by Dr. William B. Atkinson. It is to be published by the Association, and will merit very general attention. Dr. Atkinson has been identified with the history of professional organization in the United States for many years, and the opinions of no one on this subject should command more attention.

——We have also received the "City Mission Directory;" Jersey City Charity Hospital Report.

BOOK NOTICES.

Therapeutic Use of Faradaic and Galvanic Currents in the Electro-Thermal Bath, with History of Cases. By Justin Hayes, M.D. Chicago, Jansen, McClurg & Co., 1877. Cloth, pp. 112.

The author's opening remarks in the preface of this little work lead us to fear that the virtue of the electro-thermal bath is overdrawn. The writer is "confident that, as an auxiliary in the treatment of diseases of woman, it is a boon of greater value to her than has been discovered during the last fifty years." After a few pages of explanation of his method of using the bath, the writer devotes the most of the book to "History of Cases." It is not evident to our minds that Case 1 was cured of general debility by means of the baths. If the iron and quinine were left out of the treatment, and a fair trial given to the electric treatment alone, then much skepticism might be removed. Some of the other cases improved or cured are—abdominal tumor, with symptoms of cerebral apoplexy; epithelioma of the cervix uteri; glaucoma; weak eyes; strabismus; spinal weakness; obstructive dysmenorrhœa; progressive locomotor ataxia; acute rheumatism; sciatica; gout. The chapter on Digression comes in after the case of Overwrought Brain, and just before Sterility. What shadow of bearing this digression has upon electro-thermal baths it is hard to conceive. It probably is the result of an overworked brain, and is most assuredly sterile in application. The case of sterility was due to a contracted cervix uteri. During the treatment eighteen tents were introduced, and yet the cure is claimed to be due to the electro-thermal bath.

We need observations in electro-therapeutics, but it seems to be very unsatisfactory to expect much advance in this line by a series of cases in which a very unfair and limited trial is given to the virtue of electricity. In the majority of cases the usual plan of treatment is carried on in connection with the electric baths.

Report of the First Congress of the International Otological Society, New York, September, 1876. D. Appleton & Co., New York.

The International Otological Congress was organized in 1876, through the exertions of the members of the American Otological Society. On the 15th of September the meeting was called to order and a constitution and by-laws adopted, after which, the papers forming the body of the very respectable volume before us were read and briefly discussed. On motion, the Congress adjourned to meet in 1880, at Heidelberg, Germany.

The report, although containing but 159 pages, embodies a number of interesting and valuable contributions to the literature of the ear. Not the least important features in the report are the papers by Drs. Burnett and Blake, on the advance made in otology during the years 1875 and '76. These two articles include nearly one-half the volume, and are replete with valuable matter.

The remaining fourteen papers are made up principally of clinical cases of greater or less importance, with remarks of the respective writers thereon.

It seems unfortunate that the society should not have given itself more time for discussion of papers, as the value of the reports would have been thereby greatly enhanced.

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IS SICKNESS A PUNISHMENT FOR SIN?

The earliest treatise on domestic medicine written in this country, was by the very Reverend and learned Cotton Mather, of witch-burning fame. It is entitled "The Angel of Bethesda," and is altogether in a spirit characteristic of the bigoted old Puritan. The cardinal premise on which he starts out is, "Sickness is flagellum Dei pro peccatis mundi," "for the sins of the soul there come sufferings on the body." His logical deduction, therefore, is, "under sickness we should be more concerned for being saved from sin than from sickness." In an attack of gout he recommends the patient "to fall into serious and awful meditation on y^e^ pain of them on whom an Allpowerful God will make known y^e^ power of His anger;" and to persons suffering from urinary diseases, he commends the comforting reflection that the pains they suffer "are much less than they deserve."

Taken broadly, this grim doctrine of disease has so lost its hold on reason, that we smile at it. Giant Puritan has gone to join those other two giants whom John Bunyan tells of, who can only impotently shake their fists at the passer by on the road to the City of Truth. Yet in certain half unexplored districts of thought, the victory of reason and humanity is not yet complete. A large body of the public, and (shame to say) of the profession, are still desirous to encourage venereal disease as a rod *in terrorem* for the profligate, as a *flagellum Dei pro peccatis.* The Nineteenth century witnessed the publication of a letter from a Pope condemning a certain invention for protection from syphilis, which the French have the credit of devising, on the ground that it interferes with Providence punishing miscellaneous intercourse; and not to be outdone in fanatical folly, a Protestant association, only three years ago, obtained an act confiscating all those entered in the New York Custom House, on substantially the same assertion.

The same argument is advanced against the passing of laws to diminish venereal diseases by the registration and inspection of seamen, prostitutes, criminals, etc. Such acts, it is first claimed, will be inoperative; but this is not at all the source of the opposition; could they be so framed as to be successful in the highest degree, their opponents would be tenfold more bitter. The real objection urged is that were they to render illicit intercourse safe from the risk of infection, profligacy would be much increased; that infection is its proper deterrent and punishment, and should not be diminished; rather increased.

Now, there are several very good arguments against this position. In the first place, no one imagines that venereal disease will ever be "stamped out." It never can be. Therefore there can never be complete immunity from danger; and it is an unquestionable fact that the terror of a very rare disease is far greater than that of a familiar one. Hydrophobia is extremely

rare, sometimes a whole year passing, in this city of nearly a million people, without a case; while consumption kills, with almost equal certainty, its fifty to seventy-five persons a week. Yet the dread and horror of hydrophobia is incomparably greater than that of consumption. Dogs are killed and muzzled, pounds erected, gangs of men parade the streets with nets to capture stray canines, ordinances are passed, all in obedience to this blind terror; while never, in our memory, has any public step been taken to diminish the prevalence of phthisis, though the best authorities pronounce it a preventable disease.

Another argument is that the increase of venereal diseases does *not* diminish profligacy. It increases it. People grow indifferent to these diseases. They lose their terrors. The fact is that, in the individual himself, they are not so bad as they are painted. He finds this out, and as for his progeny, he thinks little of the consequences to them.

But we can go a step further. A writer has well said that those who think it wrong to diminish the risk, lest profligacy should be increased, may be fairly asked if they would think it right to introduce the disease when it does not exist in order to check profligacy; and as doubtless they would not, they should be asked to explain why it is wrong to try to remove or diminish an evil they would certainly not increase, on the chance of increasing self-restraint by its existence. Surely, if it be wrong to diminish the frequency and severity of disease arising from vice, it must be wrong to diminish the injury and suffering it produces; and all who, by their own fault, contract it, ought to be left unaided to endure the natural punishment of their sinful indulgence. This is the only logical conclusion of what it is polite to call the *argument.*

But the case does not stop here: the immediate are not the only, sometimes not the most severe, sufferers from the disease. Wholly innocent wives and children may, and often do, suffer also; and, perhaps, the severest punishment that could be inflicted upon one who has brought this dire disaster upon his wife and child would be dooming them to suffer unaided. Would it be right to inflict this punishment upon him as a warning to others to avoid vice? If it be not right to diminish danger of contracting disease lest vice should be discouraged, can it be right to diminish even this tremendous punishment, the indirect but not remote consequence of vice? The answer is very easy. It is our duty to guard against danger, and to relieve suffering, however caused; but it is not our duty to punish vice, if it be not also crime—*i.e.*, what is directly injurious or dangerous to others; nor can we innocently inflict greater suffering even on the criminal than is needed for the protection of society.

We speak of this subject at this time, in view of the approaching meeting of the American Medical Association. At its last meeting in this city, a committee, appointed at Louisville, should have reported to the Section of State Medicine on the subject of legislation against the extension of venereal disease. Through inexcusable neglect, or a cowardly shirking of duty, this report was not made. In either case, it is to be hoped men will be appointed this year intelligent enough to give the subject an unbiased examination, and brave enough to report the result of their studies.

THE PHARMACOPŒIA QUESTION.

A lively discussion has been going on between Dr. E. R. Squibb, the editor of the *Medical Record*, and others, on the one side, and Dr. H. C. Wood, editor of the Philadelphia *Medical Times*, and his friends, on the other. The bone of contention is the United States Pharmacopœia. The party of the first part say it should be merged into the United States Dispensatory, and owned and issued by the American Medical Association, with the assistance of two members of the American Pharmaceutical Association, and one appointed each from the Surgeon-

General of the Army, and the chief medical officer of the Navy. The party of the second part represent the conservative element, who want the books to appear separately, as heretofore, the Pharmacopœia to be prepared by the Convention for the purpose, appointed to meet in 1880, the Dispensatory by those interested in the copyright money it will yield.

That some change is called for is only too evident to any one who has examined the meagre skeleton of a book issued as the last revision of the Pharmacopœia. Even Mr. Alfred B. Taylor, an ardent partisan of Dr. Wood's view, is obliged to confess that its make-up was, as he euphemistically puts it, "a conservative retardation of the car of progress."

It is also called for by the fact that the Dispensatory in its present latest edition is so far behind the times, contains so much that is superfluous, and lacks so much that is required, that this compilation, which should be of great use to both apothecary and physician, is of little to either.

But especially is it objectionable to have the two separate. They could, and were it not for purely mercantile reasons they would, form but one volume, which, by frequent re-issue, would always be satisfactory as a book of reference. The practical difficulty of finding men able and willing to give their time to the labor of these revisions is at once and completely answered by the statement (the correctness of which we feel confident about) that the proceeds of the copyright would adequately repay them.

It is an unfortunate weakness on the part of Dr. Squibb's principal opposer, that the side he espouses so warmly is so entirely in accord with his prospective pecuniary interests—interests which he has never been accused of neglecting—as this fact cannot but detract, in the minds of many, from the force of his arguments.

The question is to be brought before the next meeting of the American Medical Association. That Dr. Squibb's plan, as described, should be adopted in full, might not be judicious. It is doubtful if it would. But that the two books should be kept separate, merely to make money, is an evil that we hope, in some way, to see wiped out.

Notes and Comments.

Innutrition.

A contemporary thus speaks of this malady:—The law of longevity is an actively operative law, as is proven by the observation of Dr. E. Jervis in the Fifth Annual Report of the Massachusetts Board of Health, but its activity will be checked in the early future, particularly among us, by the growing results of the malady of innutrition, if the present circumstances of things continue long in operation. The laws of heredity inform us that, generally speaking, "like begets like," so that the highest standards of individual health, strength and mental aptitude, in one generation, are apt to beget corresponding ones in the following. Antenatal innutrition is quite as common a cause of post-natal disease and death as is the impoverishment of the body through want, neglect, or ignorance, after birth. This danger is a new one for us Americans, for abundance, up to this time, seems to have been our birthright, but the reaction from the severe financial depression which has swept over our country is so tardy that evils formerly confined to the unrelievable poverty are now in existence in the States. During the last three years it is estimated that fifty per cent. of the medium class have suffered bad material changes in their worldly circumstances, some twenty-five per cent. being seriously involved in money difficulties which may never be overcome, and ten per cent. of these hopelessly deprived of anything which may preserve them from a life of "hand to mouth." Physically and materially, poor parents, besides running all the dangers of the diseases to which a badly nourished body exposes them, will probably endow their offspring with the same and increased unfortunate predispositions. But the trouble does not reside only in the poverty-stricken home, for improper, badly prepared food, irregularly taken and badly digested, may also produce the same effects in the houses of the wealthy. Tuberculosis, nervous disorders, uterine irregularities, cachexias, pneumonitis, etc., are increasing, but though the lack of food cannot justly be considered their

sole cause, yet regarding it as a positive condition, paving the way for more specific influences, it must be held as an important one, equal to, if not greater than, that of any other.

Oil of Turpentine in Sciatica.

In the Edinburgh *Medical Journal*, for March, there is an interesting paper by W. Allan Jamieson, M.B., M.R.C.P.E., on "The Treatment of Sciatica by Oil of Turpentine." He gives it in the morning, before breakfast, in the following formula:—

℞.	Ol. terebinth,	ʒij
	Ol ricin.,	ʒiv
	Tinct. card. co.,	ʒj
	Mucilag. et aq.	ad., ʒij.

This draught is given every third or fourth morning, if necessary, but one dose is generally enough. The beneficial effects are supposed to be due to some peculiar action on the intestinal mucous membrane, as pointed out several years ago, in a paper by the late Dr. Warburton Begbie, "On the Actions and Uses of Turpentine."

Increase of Aural Affections.

In a paper read before the last meeting of the British Medical Association, attention was drawn to the occurrence among a certain class of patients of marked increase in deafness, and in the gravity of the symptoms of ear disease, due to pregnancy, parturition, etc. The form of aural mischief most aggravated by these processes was chronic, non-suppurative inflammation of the tympanic cavities. After each confinement, the patients were much worse, the hearing diminished, and the tinnitus aurium was more marked. The deterioration was very persistent, and extremely obstinate; and ultimately, after repeated confinements, the hearing was almost entirely abolished. Young, strong, and apparently healthy females were the chief sufferers; often they had never had any ailment in their lives. The aural deterioration began with pregnancy, and increased onward to parturition, after which the effect remained: a result by no means comparable with the temporary aggravation seen during other constitutional affections, fevers, etc. Other forms of ear disease were not affected in the same permanent manner as chronic non-suppurative inflammation of the tympanic cavities. No history of any syphilitic taint could be detected in these cases. Whether the effect on the aural condition produced by child-bearing was only part of a general diminution of nerve power, and in no way due to the special condition of pregnancy, etc., apart from its constitutional deterioration, was matter for further observation, though the facts were in favor of its being caused by the state peculiar to pregnancy. Early attention to treatment was most important to the patients.

The Treatment of Psoriasis.

One use, says the *Practitioner*, appears, at last, to have been found for phosphorus, which, if confirmed by further experience, will make it a most useful medicine. Dr. Broadbent mentioned at the Clinical Society a case of psoriasis, in which, after other remedies had failed, he gave phosphorus, and in a week the disease, obstinate before, was cured. As Sir W. Jenner pithily observed, cases of psoriasis are plentiful, and phosphorus capsules to be had in abundance, and there should be no difficulty in inquiring into the action and use of phosphorus in this obstinate and oftentimes extremely troublesome disease.

Nicotinism.

The London *Record* says, M. Mauriac, Surgeon of the Hospital du Midi, has just added another to the special diseases of smokers. He has described, under the title of *plaque des fumeurs*, a morbid change of the mucous membrane of the tongue and mouth—a special psoriasis. This lesion may degenerate into epithelioma; and, according to M. Mauriac, cancer of the lips and tongue has often no other origin than this. Both are common among men, and very rare, as might be supposed, among women.

Rapid Malignant Disease.

A correspondent sends us an account of a case of rapid malignant disease, occurring in an elderly man in Huntingdon, Ind. He appeared in perfect health up to eight days before his death. A post-mortem revealed cancerous infiltration of the lung, ulceration of the stomach, and the jejunum gangrenous. There was also found a soft, irregular-shaped, nodulated tumor, which really filled the right iliac fossa, containing all the characteristics of being malignant. In the pancreas, and along the hepatic ducts and vessels, were also found malignant tumors of small sizes, producing

disorganizations and extensive adhesions all along the posterior portion of the abdominal cavity.

Such a case is of exceeding rarity.

Correspondence.

A Case of Opium Poisoning Recovered by Hypodermic Injections of Aqua Ammoniæ.

Ed. Med. and Surg. Reporter:—

About three P. M., on Sunday, April 8th, 1877, I received a message to come immediately to see John H., aged thirty years. When I arrived I found him suffering with an abscess of the left parotid gland, and in a profound stupor. I at once suspected opium poisoning. Upon inquiry, I found that on the night before (April 7th) he had optained three sulph. morphia powders from a drug store, one of which he took at ten that evening, which eased his pain somewhat during the night. On Sunday morning, at ten, he took another one, which gave him no relief until two P. M., when he suddenly collapsed. I found him at three P. M. in the following condition: Profoundly asleep; could not be aroused; pupils decidedly contracted; pulse feeble and irregular; respiration stertorous and feeble, so much so that he breathed but four times a minute; skin about face, neck, chest, arms, and hands had a cyanotic appearance; finger nails dark; the capillary circulation had ceased; body bathed with cold perspiration.

Treatment.—From the condition and appearance of the patient I concluded that the antidotes generally recommended would not reach the case in time to save life, so I determined to try a stimulant, and selected aqua ammoniæ for the trial. Gave three drops of the ammonia, hypodermically, diluted with three drops of water. I took my watch in one hand and the pulse in the other. I noticed the pulse and respiration as follows: In three minutes after this injection I thought I noticed a slight improvement in his respiration. I then gave another injection of three drops, undiluted. From the fourth to the fifth minute respiration more full, and increased to six per minute. Pulse increasing. From fifth to sixth minute respiration stronger, and increased to seven. Pulse improving. From sixth to seventh minute respiration increased to eight, and here I first noticed the return of the capillary circulation. Pulse improving. From the seventh to eighth minute respiration increased to nine, deep and full, and capillary circulation had returned; discoloration of skin disappeared. At this time I called him by name; he at once responded, and recognized those around him.

After he became conscious I ceased my observation. The patient remained drowsy for several hours afterward, but could be easily aroused. At 7 P. M. the effects of the morphia had entirely passed off. The remaining morphia powder I had weighed; it contained 1¼ grains: judging from this, the patient had taken 2½ grains. All this morphia had but little effect upon his system, until four hours after the last powder taken, when it suddenly exploded in the system, causing its poisonous effects.

The aqua ammoniæ produced considerable inflammation of the skin, but passed off in forty-eight hours, leaving nothing but an ecchymosis where it was injected.

Harrisburg Pa., E. H. Coover, M.D.

Vitality of Females.

Ed. Med. and Surg. Reporter:—

The case of a lady patient who recently came under my notice has caused considerable study, as well as some calculation, which, at first sight, seems rather startling.

Mrs. P. was married at the age of seventeen years. At the age of thirty-six she was the mother of nine children, all living, except one. She had one child each year for the last five years. Four, only, of these children were nursed by the mother. These were nursed each an average of a year and a half. The other four were raised on the bottle, or by hand, on cow's milk.

There is nothing strange in all this. Certainly not, but let us calculate a little.

The mother who supplies all the milk a child will take may be surprised to learn that a quart each twenty-four hours, one day with another, will scarcely suffice. A year and a half will number 547 days. Making some allowance, this mother secreted at least five hundred quarts of milk for each child she nursed. But she nursed four of her nine children, requiring, in the aggregate, 2000 quarts of milk, equivalent to 500 gallons, or 12½ barrels of 40 gallons each.

Supposing each gallon of milk to weigh 8 lbs., the grand total is 20,000 lbs.—just 2 tons; at least one hundred and sixty-six times the weight of the mother who secreted the milk. Being small in stature, her average weight is 120 pounds. Besides all this, the family is in very moderate circumstances, requiring constant toil and mental anxiety, in which the mother shared liberally.

If such are the duties of maternity, can there be any wonder that females avoid, as much as possible, the responsibility of rearing families.

I merely state this case to show to what extremes some people may push the drudgery of life, and still live to suffer the consequences of their indiscretion.

Karns City, Pa. A. D. Binkerd, M.D.

—The second annual meeting of the American Gynecological Society will be held in Boston on May 30th. The annual address will be read by the President, Dr. Fordyce Barker, of New York.

News and Miscellany.

An Anglo-American Sanitarium in Rome.

It is proposed that an English Home, or Sanitarium, shall be founded in Rome, for the numerous visitors and residents of the Anglo-Saxon race, and that it shall be opened in October next. It is to be completely non-sectarian. It will be open to all ministers of religion and all medical men. The payments will be fixed on the most moderate scale. It will be especially devoted to the benefit of the English and Americans, but will be open to invalids of other countries, on the recommendation of the Committee. A private hospital will form part of the work, entirely separated from the Home itself, where severe cases of accident and illness will be received and nursed in private rooms, at special fixed rates of payment. Trained English nurses will be attached to the Home, and take charge of the cases under medical supervision. Such Homes exist in Mentone, Florence, and Cairo. The proposed institution has the sanction and support of his Excellency, Sir Augustus Paget, her Britannic Majesty's Ambassador, and the Hon. G. P. Marsh, United States Minister. It is necessary to raise a considerable sum to hire a suitable building, for which an eligible opportunity now offers to furnish it, but it is fully expected that the institution will ultimately be self-supporting, and the nucleus of extended hospital work.

The Old Hotel-Dieu.

The authorities in charge of this most ancient hospital of Paris have received notice that they must surrender the building not later than the 13th of September, as the municipality intend to rase the building before the Exhibition of 1878, and to plant the ground with trees. The new Hôtel-Dieu, one of the ugliest and worst devised hospitals in Europe, had cost the monstrous sum of $10,000 per bed. It is thus, therefore, by far the most extravagant and wasteful hospital in Europe, and of the new hospitals probably the worst. It is one of the legacies of the Empire, under which the administration of the Paris hospitals accomplished prodigies of jobbing and mal-administration.

The Progress of Diphtheria.

The vital statistics of Providence, Rhode Island, are probably more carefully reported than those of any other city in the Union. The following history of diphtheria there has, for that reason, an especial interest. It is taken from the last monthly report of the city registrar, Dr. Snow:—

The first deaths reported from diphtheria in Providence, for at least more than half a century, were in August, 1858. In that year there were 5 deaths from this disease, and there have been more or less deaths from it each year since, the smallest number in any year being 5 each, in 1858, 1867, and 1868, and the largest number previous to 1876, being 42 in 1863. The whole number of deaths, previous to 1876, was 334. In the year 1876 there were 26 deaths previous to the first of September, and 85 deaths in the four months, September to December inclusive. In the first four months of the present year there have been 65 deaths, making a total of 510 deaths from diphtheria in Providence, from August, 1858, to April, 1877, inclusive.

Obituary Notes.

—Henri Ferdinand Dolbeau, Professor of Surgical Pathology in the Paris Faculty, died suddenly at Paris, on March 10th, aged 46. Although cut off in the prime of life, M. Dolbeau had already achieved distinguished reputation as a practical surgeon, and had made numerous contributions to medical literature, the most important of which is his "Treatise on Perineal Lithotrity."

—Dr. J. B. Phillips, State Commissioner of Statistics, for Minnesota, died in April, of heart disease. He was born in Chester County, Pa., of Quaker descent, in 1822, studied medicine at Pennsylvania University, and spent some years in Europe, in study at Basle. In 1854 he was arrested and imprisoned on suspicion of being Mazzini, an affair which was the subject of considerable diplomatic correspondence.

—Dr. Ezra Read, a leading physician of Terre Haute, Indiana, died May 10th, aged 66. He served in the United States Navy, and also three years in the Federal Army, during the late war.

Personal.

—Dr. D. R. Brower, late superintendent Eastern Lunatic Asylum of Va., has been appointed attending physician for mental and nervous diseases at St. Joseph's Hospital; this position was occupied by Dr. Walter Hay, and was made vacant by his departure from the city.

—Dr. Reese, Professor of Toxicology and Medical Jurisprudence in the University of Pennsylvania, and Dr. Howell, Professor of Mineralogy and Geology in the same institution, and Professor of Chemistry in the Philadelphia Dental College, are both candidates for the vacant chair of Chemistry in the University of Pennsylvania. Both are worthy and talented gentlemen.

—Dr. J. J. Caldwell of Baltimore, has been appointed chairman of a committee on Anæsthetics, to report to the Dental Association of Maryland, on the second Tuesday in August. The profession are invited, and full particulars will be furnished by Dr. C. on application.

—Dr. R. M. Bateman, desires correspondents to address him, in future, at Red Bank, N. J.

—Dr. Comegys Paul has been elected resident physician of the Eastern Penitentiary.

The Russian Female Medical School.

This, at the present time, comprises for the five years 430 students, of whom seventy-three are Israelites, nineteen Polish Catholics, eleven Polish Protestants, and the rest Orthodox. In order to belong to the school, women must attend the regular course of lectures, and undergo special examinations. All the Governments of the empire furnish students for this school. They belong to the middle classes, and are generally from twenty to twenty-five years of age, very few having passed their thirtieth year. Among them are sixty-eight married women.

$1000 Reward.

We would ask, with emphasis, the attention of physicians in attendance on public institutions to the advertisement headed as above in our columns. If they succeed in discovering the facts desired, not only will they be rewarded for their trouble, but will relieve the anxieties and agonies of a most worthy and suffering family.

Items.

—The Managers of the Women's Christian Temperance Union, of Philadelphia, have established in this city a Home for the reception of those who, on account of inability to refrain from intemperance, are willing to place themselves under restraint. This home is exclusively for women, and is under the charge of Dr. A. V. Scott, the female resident physician. Application for admission may be made at the Home, No. 220 North Thirteenth street, Philadelphia.

—The California State Medical Society, last month, almost unanimously declared that the practice of making annual contracts with individuals or societies, for medical attendance, is not only derogatory to the dignity of the profession, but a violation of the Code of Medical Ethics, adopted by the American Medical Association. The society decided to strike from the roll of membership the name of any physician who shall hereafter make or renew a contract for annual medical attendance.

—An exchange says that Dr. Spaulding has brought before the Detroit Academy of Medicine a case in which, from a boy fourteen years old, he removed both testicles; the boy was rapidly becoming an imbecile, from masturbation. Before resorting to so desperate a measure, Dr. Spaulding consulted several eminent medical men, who deemed the operation justifiable. The result is satisfactory; the youth is acquiring good business habits, and earns his own living.

The Ruling Passion.—Farmer McGrab.—Docther, a'll gie ye a hunner pown if ye'll keep me livin' anither twalmonth. Amiable M. D.—I'm afraid, Mr. McGrab, I couldn't do it for that. I might try it for five hundred. Farmer McGrab (emphatically).—I'd rather dee.

QUERIES AND REPLIES.

Pityriasis, or Liver Spot.

Mr. Editor:—In answer to J. A. P., I would advise him to prepare the following simple, but most effectual remedy, for the above disease, viz.:—

R.	Florum sulphuris,	ounce iv
	Olei anisi,	drachm j
	Aquæ bullientis,	O iij.

Sig.—Cork and shake three or four times a day for three days, and then let the patient wash the affected parts morning and evening till the spots disappear, and then only once a day for one month longer.

If the bowels are constipated, give the following alterative laxative pill at bedtime:—

R.	Mass. pilul. hydrargyri,	gr. ij
	Extr. colocynth comp.,	gr. iij
	Podophyllin,	gr. ⅓
	Extr. belladonnæ,	
	Ext. nucis vomicæ,	aa gr. ⅛.

Sig.—At bedtime.

N. B.—The sulphur must be always left in the bottle, and a few minutes before each washing well shaken. Respectfully, J. Pirnat, M. D.

Evansville, Ind.

Dr. H. F. B., of Ky., asks for suggestions for the treatment of chronic nephritis. There are no dropsical symptoms in the case.

"L" says:—I have a patient, seventy-seven years of age, feeble constitution, affected with ophthalmia, that resists all and every treatment yet brought to bear. The symptoms are, burning and pain upon pressure on the balls. Rubbing affords relief so that the patient can scarcely desist after commencing. A mere inspection affords but little clue to a diagnosis. Some little thickening of edge of lids and enlargement of vessels, but elsewhere the membrane is scarcely reddened; the vessels not much enlarged, though the case is of a year's standing; sometimes a little better, but the improvement always of short duration. I have no ophthalmoscope. A suggestion desired.

R. M. B., of N. J.—Not at present.

Dr. A. B. S., of Cal.—An impartial and brief letter will be acceptable.

MARRIAGES.

Davis—Lee.—In this city, on the 25th of April, at the residence of the bride's mother, by the Rev. Theodore Heilig, Dr. A. H. Davis and Mary Weston Lee.

Drake—Carpenter.—On the 8th instant, by Rev. Robert C. Matlack, Frank N. Drake, M. D., of Nevada, and Miss Mary S. Carpenter, of Philadelphia.

Morton—Norris.—At Mount Pleasant, Miss., March 13th, 1877, by Rev. Thomas Cameron, John W. Morton, M. D., of Waterford, Miss., and Miss Jennie H. Norris, only daughter of Major Benjamin Norris.

DEATHS.

Belden.—In New York, on Sunday, May 6th, Benjamin Belden, M. D., in the eightieth year of his age.

DeForest.—On the 13th ultimo, of pneumonia, Mary Abernethy, wife of Wm. B. DeForest, M. D., of New-Haven, Conn.

Hornbeck.—On Monday, the 7th instant, of dysentery, Westbrook, infant son of Dr. M. E. Hornbeck, of Catasauqua, Pa.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

ON CATARRH.

BY DUDLEY S. REYNOLDS, M.D.,

Professor of Ophthalmology and Otology, in the Louisville Hospital College of Medicine, Senior Surgeon to Louisville Eye and Ear Infirmary.

Delivered by request, at the College of Physicians and Surgeons, March 22d, 1877.

PUBLISHED BY UNANIMOUS VOTE OF THE COLLEGE.

Reported by Graham & Hardacre, Stenographers.

The term catarrh is one that has been generally applied to all forms of acute inflammation of the membranous lining of the air passages. Professor G. B. Wood, of Philadelphia, in his "Practice of Medicine," devotes the last chapter of the first volume to the consideration of the subject of catarrh, and he defines it as being "any acute inflammation of any of the mucous membranes of the body, not due to traumatic causes." As we usually see catarrh in practice, catarrh affecting the lining of the nose, the upper part of the throat, the Eustachian tube, and the cavity of the tympanum, the cases in the earlier stages of the disease rarely present themselves for treatment, except that class of persons who suffer from catarrhal inflammations invading the middle ear.

It is a well-known fact that a very large majority of the persons who suffer with impairment of the hearing are afflicted with catarrh; afflicted with an inflammation which is usually due to the inhalation of poisoned air. It was very clearly, unmistakably, and undoubtedly established by Schoubein, in 1851, in his experiments with electricity, that powerful currents of electricity passing through the air decompose the oxygen, and develop a substance called ozone, which is said to be an allotropic form of oxygen. Ozone was demonstrated by Schoubein to be possessed of power to irritate the air passages sufficiently to develop the inflammatory processes of varying degrees of intensity, in proportion to the amount of ozone in the air and the duration of time occupied in the inhalation. It was noted on divers occasions, by astronomers, that whenever powerful currents of electricity occur, along with sudden elevations of temperature, there is general complaint from epidemic influenza, which is just another name for catarrh.

We all remember what was called the epizootic, which prevailed in the winter of 1873 and '74. The epizootic was a kind of catarrh or influenza which affected the inferior animals. It is precisely the same cause which produces naso-pharyngeal catarrh as we find it in our daily practice. The simplest form of catarrh is that in which there is an afflux of all the circulating fluids in the membranes, with augmented secretion. That gives rise, of course, to considerable swelling and consequent obstruction to breathing, and we find that, whereas the nasal passages were perfectly free a few moments ago, now they are so entirely closed that we are obliged to open our mouths to breathe. If you examine a case of that sort of catarrh, you will find there is a very slight increase in the general redness of the membrane, without the destruction of all of its transpar-

ency, the blood vessels in the mucous membrane being clearly and distinctly visible, at the same time the venous trunks greatly distended and engorged. There is hyper-secretion of mucus, and along with this hyper-secretion of mucus is found, in many instances, an exudation of serum from the surface. There is a set of glands in the mucous membrane lining the nose known as acinous glands, which afford a secretion precisely identical in appearance and in chemical composition with tears. At the same time the lachrymal glands are irritated. There is a greatly increased secretion of tears, and when the catarrh affects the nasal passages, extends up through the nasal duct into the lining of the eyelids, we have what is called coryza. That means acute catarrh, affecting not only the nasal passages, but the conjunctival membrane as well.

We usually see cases of catarrh that have existed for some time. They are not apt to present themselves for treatment until the disease has shown a disposition to linger, because catarrh is one of those forms of disease that attacks almost all animate nature. It attacks everybody that breathes air—every animal that breathes air is liable to acute catarrh, and these attacks often disappear of themselves, without treatment.

Catarrhal inflammation, like any other localized inflammation, has a natural tendency to recovery after running a definite course. But on account of the complicated character of the nasal passages, and the liability of the secretions to be retained in the ramifications, we find a steady disposition upon the part of this particular membrane, or lining of the nose to suffer from chronic forms of disease—a special disposition upon the part of catarrhal diseases to linger in the nasal passages. It sometimes fills the naso-pharyngeal space. It remains confined to that particular locality, in many instances, for weeks, months, years, and from the naso-pharyngeal space it travels the Eustachian tubes into the middle ear, and produces destructive changes in the walls of the tympanic cavity, before the presence of catarrh is even suspected. With the aid of the rhinoscope, catarrh limited to the naso-pharyngeal space may be discovered. The peculiar conditions of the membrane may be readily understood by bringing the surface directly into view. I say, directly; I mean indirectly into view with the aid of the rhinoscope. In cases of catarrh limited to the naso-pharyngeal space, attended with inflammation of the ear, it has been the customary practice to regard the disease as an affection of the ear, because the symptoms were not distressing until the hearing became impaired, and along with the beginning of this impairment in the hearing there was pain in the ear. Pain, from what cause? From the swelling of the Eustachian tubes and limited supply of air in the tympanic cavity, and in that manner preventing the equal pressure of the air upon the drum membrane, giving rise to such tension as was sufficient to create great pain—great distress.

In some cases, where the quantity of air in the tympanic cavity from this source has been very limited, slight pressure upon the tragus forces the drum-head backward, and the joint between the malleus and incus is dislocated. This is an exceedingly painful condition, but may, if taken in time, be relieved, simply by inflating the middle ear with air. As to the treatment of catarrh, of course it would be impossible for anybody to exhaust the subject, or even approach exhaustion.

It is to the treatment of chronic catarrhal affections of the lining of the nose, throat and ear, that we propose to confine our remarks this evening. Cases attended with hyper-secretion of mucus, partial loss of smell, dryness of the throat, the unpleasant sensation, if not positive pain, from attempts at swallowing, usually disclose upon inspection a double character of morbid change, a suppurative and proliferous inflammation, at the same time, in different parts of the same membrane; for instance, the lining of the inferior passages of the nose and the covering of the inferior turbinated bones yields an abundant secretion; perhaps the covering of the superior turbinated bones at the same time; but it frequently happens that the membrane covering the superior turbinated bones is perfectly dry, considerably swollen, very hard and indurated. At the same time the posterior wall of the naso-pharyngeal space presents the appearance of induration and dryness, and whatever mucus manages to flow over upon the surface of this membrane speedily dries into a hard, tough crust. It may be seen, simply by making an inhalation with the mouth open; it may be seen upon the entire posterior naso-pharyngeal wall, down into the bucco-pharyngeal space. Cases of this kind are seen in every-day practice.

The greatest discrimination is necessary in

the treatment of this double form of disease, the suppurative and proliferous form coexisting in different parts of the same membrane. In the first place, wherever the disposition is found to discharge tenacious substances it becomes necessary to aid nature by some sort of medicament which has power to dissolve the fibrinous matter, and in that way facilitate its expulsion. For this salines, such as are usually employed as gargles, are serviceable, applied directly to the naso-pharyngeal space, with what is known as the posterior nasal syringe, which is a curved instrument having a bulbous point, with a great number of perforations in the bulbous tip. With the aid of this, any of the salines usually employed as gargles may be thrown into the naso-pharyngeal space, and in that way brought into contact with the largest portion of the membrane, and wash out the offensive matter. Now, if mucus accumulates in a crypt, if it is found in a cavity in any part of the body, it will rapidly degenerate into pus. The moment the requisite amount of moisture is withdrawn it dries. The dry quality is almost invariably due to the presence of pus. If it were not for pus, it would remain in the condition of ordinary mucus, and be expelled by being drawn up through the nose. Having cleansed the passages with a solution of bromide of potassium or muriate of ammonia—if the passage is very dry the bromide is not so good as the ammonia. Where these salts are not convenient chloride of sodium may be used instead. It is not so good a defibrinizing agent, neither has it the power to stimulate secretion like the ammonia, nor has it the anæsthetic properties of bromide, yet it is a very good substitute in the absence of the other two salts. Of course all these things are to be kept in view in prescribing for cases of catarrh. I have taken this typical form of chronic catarrh as it presents itself for treatment, for obvious reasons.

After cleansing the passages with the posterior nasal syringe, which is an invaluable instrument, any instrument which has power to atomize or reduce fluid to the finest possible state of division may be used, and in that way you can medicate the whole of the nasal passages. Any instrument which has that power may be used for the purpose of medicating the naso-pharyngeal space and the little crypts in the nasal passages. I am in the habit of using, in preference to other instruments, what is known as "Holmes' Boston Perfumer." It has a metallic tip, and, if properly cleansed, will not get out of order for a long time. It is the most servicable instrument that I know of for the purpose of medicating the passage after cleansing with the posterior nasal syringe. A solution of the bromide of potassium, as a general thing, is the best, say from ten to forty grains of the salt to an ounce of water, and in proportion to the strength of the solution, the interval should be great; if the forty-grain solution is preferred, it should not be used more frequently than twice in one day—once in twelve hours. If the weaker solution be preferred—and that should depend upon the quantity of secretion—if the secretion is going on rapidly, if there is a large amount of matter secreted, the weaker solution applied frequently is the preferable method.

Now, after the disease has lasted some time, and the discharge somewhat dried up, as it were, leaving still an inflamed surface—preternaturally dry, without any disposition to throw off its secretions—a solution of iodine and glycerine answers the purpose best. That is to be used, also, with the atomizer; to be preceded by the posterior nasal syringe loaded with some sort of cleansing fluid, to remove any inflammatory matters collected in any of the crypts or cavities of the nasal passages, or anywhere in the naso-pharyngeal space.

By the use of the speculum, introduced into the interior nares, and a strong light reflected from a concave mirror, the nasal fossæ may be explored, except in those cases where there is great swelling in the covering of the superior turbinated bones. It is precisely in this locality that catarrhs are likely to linger, and likely, also, to escape observation; and when you think the patient is entirely relieved you find, to your surprise, that destruction of the bone has been going on—the superior turbinated bone perishing.

The iodine solution may vary from half a grain to five grains to the ounce; the five-grain solution being applicable to syphilitic subjects only. And there must always be a distinction between syphilitic ozæna and ordinary catarrh; the ordinary catarrh in the otherwise healthy subject never gives rise to any very offensive discharge. The decomposition of mucus may be very readily recognized by its odor, so may the destructive changes which take place in the osseous tissues, and in the other tissues of the body affected with syphilis, and what is

known as strumous disease, which sometimes appears in the nose.

As a matter of observation, I have noticed that people who have catarrh are prone to tie a knot in the corner of the handkerchief, or roll it around the end of the little finger and poke it up the nose for the purpose of removing incrusted matter, and in that way they abrade the surface, which creates a greater disposition upon the part of the secretion to adhere to this part and become dry and inspissated, and so the attempt to remove is repeated, and what was originally an abrasion gets to be a complete destruction of the whole membrane, with exposure of the bone, and exposure is likely to be followed by death of the bone, and in that way loss of the septum of the nose frequently results in ordinary cases of catarrh. In cases of syphilitic disease of the nose, attended with loss of the septum, or a portion of it, there is always great tumefaction of the surrounding parts. The marginal outline is intensely red and considerably swollen, and this, with the offensive character of the discharge, distinguishes the syphilitic from the traumatic sores.

Another form, called dry catarrh, a proliferous inflammation with greatly diminished secretion, attacks persons given to excessive smoking. There is another form of catarrh which is attended, not by dryness nor by any great moisture, but by swelling of the nasal membrane, with loss of the sense of smell, which is common to persons given to the habit of snuffing. There is the smoker's catarrh, the snuffer's catarrh and epidemic catarrh.

In 1868, a German, by the name of William Dumeyer, who kept a grocery at Market and Fourteenth streets, had a sore throat, and I wished to examine his larynx with the laryngoscope, but the fauces were so very sensitive to the approach of the mirror that I was obliged to use a solution of bromide of potassium, which I had learned was an efficient local anæsthetic. I gave Mr. Dumeyer a twenty-grain solution of bromide of potassium, to be used as a gargle: that is the strength of the solution called the standard solution. It diminished the morbid sensibility of the fauces, and when I saw him again he said he did not need anything, he was well, and he wanted to settle his bill; he thought he was cured. I relate this to show you that the bromide destroys the sensibility of the membrane, and that suggested the application of it in the treatment of nasal catarrh. I formerly used this twenty-grain solution, which was regarded as the standard solution, for diminishing the morbid sensibility of the fauces, but I afterward got into the habit of using a much stronger solution, even to saturation. I now sometimes, but rarely, use the saturated solution. Experience has convinced me that the weaker solution is better for general use with the atomizer. In many cases the catarrh is attended with the disagreeable symptom of the continued presence of mucus lying upon the soft palate and manifesting a disposition to find its way down into the throat. That class of cases are most common, and they are very troublesome sometimes. They may be prolonged indefinitely by the use of too strong applications—by too harsh a plan of treatment.

It has been, unfortunately, the practice of too many physicians to introduce brushes and mops, with caustic solutions, and in that way perpetuate the disease. I believe that the only true plan for the relief of catarrhal affections, like all other localized diseases, is to search out the locality that is chiefly affected, and direct the topical application to that point. In the class of cases under consideration, where there are general symptoms of distress depending upon the presence of too much mucus lying upon the soft palate, and manifesting a disposition to flow down into the throat, adhering to the uvula, a weak solution of bromide of potassium of five or ten grains is to be used. I employ what is known as Holmes' Boston Perfumer, held in such manner that the fluid will find its way into the naso-pharyngeal space, and then snuffing it up the nose and hawking it out, clears the surface entirely. Having cleansed both nostrils in this way, and having cleared the naso-pharyngeal space, a decoction of ordinary green tea; or a solution of five grains each of carbolic acid and tannin to an ounce of water, or as I generally prefer it, a mixture of equal parts of glycerine and water, to be used immediately afterward, with the atomizer. This may be done three times every day; that is quite often enough. Cleanse the passages first with the bromide of potassium, which acts as a local anæsthetic, diminishing the morbid sensibility, and at the same time dissolving the fibrinous matter. Follow that with the decoction of green tea, or with the solution of carbolic acid and tannin. (A favorite prescription is this; half a drachm

each of pure carbolic acid and tannin, to be dissolved in three ounces each of glycerine and water. That is a mixture that I am in the habit of prescribing every day.) It becomes necessary in many cases to make applications to the covering of the superior turbinated bones. These may consist of a half-drachm solution of carbolic acid to the ounce of water, or a half-drachm solution of iodine in glycerine, or a half-drachm solution of nitrate of silver to the ounce of water. These are the more common applications, and they are to be made with a brush or a little cotton-wool rolled upon the end of a probe, and the application is not to be repeated oftener than every other day. Catarrhal affections of the larynx generally call for local treatment. They are generally associated with bronchial catarrh, which requires, in addition to local treatment, some constitutional measures. In the chronic forms of naso-pharyngeal catarrh, constitutional measures are also required in a majority of instances. Where the affection invades the Eustachian tubes, creating an unpleasant noise in the ears, that has been compared to the singing of grasshoppers, crickets, and steam escaping from a tea kettle, the application should be made to the ear itself, and should consist in simply filling the ear full of very warm water, and then have the head turned in a favorable position for the retention of the fluid, putting in a plug of cotton-wool to prevent the water escaping. Introduction of the Eustachian catheter may be practiced where there is evidently fluids accumulated in the ympanic cavity, or where the supply of air is deficient, and the patient cannot practice Valsalva's method, which consists in holding the mouth and nose shut, and blowing forcibly into the ears. There should be no fluids blown through the catheter in this class of cases, and the use of the catheter should be restricted to the actual necessities of the patient for the removal of fluid from the tympanic cavity on the introduction of air. I might prolong the subject indefinitely, as I said when I began, but I believe that I have said enough, at least, to direct the attention of the Fellows present to this very important subject.

—We learn that the auxiliary course of medicine of the University of Pennsylvania is well attended, and that the newly filled chairs are entirely satisfactory to the class.

Communications.

CONSERVATIVE SURGERY.

BY G. F. WITTER, M.D.,
Of Grand Rapids, Wisconsin.

In taking a retrospective view of the various surgical events coming under my immediate jurisdiction during the past year, there is nothing which excites my admiration more fully and satisfactorily than the termination of a few cases in surgery wherein we were most happily reminded of the efficacy of *conservative surgery*, as well as the power and tendency of nature to heal herself.

Case I was that of J. G., an Irishman by birth, a common laborer on the G. B. and M. R. Road, who became intoxicated on the night of the 18th of January, in which condition he started for Dexter, a place about fifteen miles distant; but straying from the track, he slept in some hay, near by, until morning, the thermometer standing twenty degrees below zero. Both hands and feet were fearfully frozen; so extensively, indeed, that the circulation was nearly cut off; and, also, various other parts of the body were badly chilled. We were called to him on the following morning, when the defective circulation and manifest want of vital power, together with the absence of the line of demarkation, evinced plainly that amputation must not be had at that time. But we were pertly informed that it must be done, and that, too, speedily; that his friends had telegraphed to me, because they wanted the work performed then.

Instead, however, the patient was put upon the free use of brandy, quinine, and essence of beef, internally, and friction applied to the diseased part, with the free use of ol. amber, ol. camphor and ol. olive, in equal parts, until the 25th, when reaction was reëstablished. The hands and feet appeared a pulpy mass, with the line of demarkation fully established.

Now came the important and interesting period. To determine where to amputate was no little matter. To secure the use of both ankle joints was an important and most desirable end. The line of demarkation extended nearly to the joint, anteriorly, with a disposition of the skin to cleave from the flesh of most of the surface of the feet. This made our chances for success in amputation not the most

flattering, but we proceeded to perform the operation upon both feet, making the incision near the proximal end of the metatarsal bone of the little toe, and adopting Hayes' method of amputation. Ugly looking ulcers formed near the heel, and most of the surface was a raw mass; but we secured good flaps, and preserved the use of both joints.

The left hand was amputated at the wrist joint. The right was also removed at the wrist joint except the metacarpal bone of the fore-finger, and the carpo-metacarpal bone of the thumb, which by dint of perseverance was preserved. By this plan there was left a small space between these, in which a pen can be held in writing, or a knife or fork in eating. All was healed in one month, and the patient can both walk and write, a result which made his heart glad beyond measure.

Case 2 was that of J. Canning, aged 17, an Englishman by birth, of good and temperate habits, to whom I was summoned in haste, March 13th, 1876.

He had received a gunshot wound in the left humerus; the full contents of one barrel, buck-shot, wadding and all, passing in at the inner and under part of the humerus, near the lower third of the same, taking an oblique direction, emerged at the outer and upper surface near the middle of the humerus, not only fracturing, but removing an oblique section of the humerus; leaving a portion of the periosteum peeled off, as if by special arrangement.

A portion of the wadding and many of the shot were removed from the wound.

The wound, when thus dressed, appeared so extensive, with the integument, muscles and ligaments so lacerated, and so much of the bone removed, as to render the prospects for saving the same not the least encouraging.

Taking advantage, however, of the large size of the wound, we had no trouble in bringing the patulous ends of the periosteum of the fractured ends of the humerus in apposition, which we found convenient to hold in place by packing the wound with surgical lint saturated with glycerine and carbolic acid. The wound thus packed held the periosteum in place, and with the aid of two of Ahl's porous splints applied, and enveloping the whole of the fractured and much of the sound portion of the humerus, and held in place with nine-tail bandages, rendered it necessary, in order to gain access to the two large openings, to make corresponding openings in each splint. By this arrangement the packing could be, and was, changed every day, only a portion being removed, however, at any one dressing. About one half was removed from one opening, and the other half from the other opening, on alternate days.

The splints were kept on for two months, when they were removed and reapplied. The packing was all removed by degrees in due time. New bone was formed, and the arm, which many knowing ones declared could not be saved, is all right, with only the scars at the two former openings, to point out the landmarks of this successful plan of treatment.

Case 3 was that of M. Smith, aged eight years, the daughter of H. Smith. She was caught in the tumbling rod of a threshing machine, her body revolving with it many times before she was rescued, fracturing the right tibia and fibula twice, and dislocating the left tibia at the knee joint, backward and outward, severing the transverse ligaments thereof, and so injuring the patella and its attachments as to render extension and flexion quite imperfect. The integuments, muscles, and adipose tissues of the whole lower part of the abdomen were all stripped, transversely from about two inches from the upper margin of the brim of the pelvis, from the right to left, stripping it clear from the peritoneum, down to the symphisis pubis, leaving the whole of the abdomen, from the navel to the symphisis pubis, bare, to the peritoneum.

The first aspect of this case was fearfully discouraging, and but little hope was entertained of the child's recovery, insomuch that we were requested not to torture her, by moving or in any way disturbing her, unless there was more probability of recovery.

Dr. Gregory, who was on the ground at the time of my arrival, and who accepts a prominent share of responsibility, also felt much doubt of any possibility of affording relief. We proceeded at once, however, to adjust the fractured limb, and confined it in place, and then the abdomen, the lacerated integuments of which had become so contracted as to render it difficult of replacement. The whole surface was washed with carbolic acid and glycerine water, after which the integument was adjusted and held in place by sutures and adhesive plasters, and

cloths applied, saturated with the above wash, the proportions of which were as follows:—

℞.	Carbolic acid,	gtt.xxx
	Glycerine,	℥ss
	Tinc. arnica,	℥ss
	Aqua pura,	℥ss.

This was constantly applied, and cloths frequently changed, with but little change in the condition of the patient, until the third day, when, after the constant use of brandy and essence of beef, internally and quite freely up to this time, she began to rally from the low comatose state, and has continued to improve rapidly ever since, and is now walking.

This case affords to us a commingling of satisfaction and surprise. Of satisfaction because of our unflinching efforts to put the house in order, even when hope, despairing, had almost fled; of surprise, to see and know of such manifest power of nature to heal herself. The above cases are but a few of the many which are constantly reminding us of the *vis medicatrix naturæ*, or the power of nature to heal herself, a principle of which we are all loud in our praises, but of which our practice runs wide of our precept.

It is beyond the power of human wisdom to understand many of the functions in human life. Veiled under an almost impenetrable obscurity, they make no disclosures of their own mysterious action. So indisputably is this the case, that the attempt to apply to them the same law that regulates the operations of inorganic matter is regarded as utterly hopeless.

In common with dead matter, they have certain laws, and certain phenomena, but in addition to these, they have others of a higher grade and more unmistakable character. Of these phenomena there is none more interesting or peculiar than the *vis medicatrix naturæ*, or the power inherent in the human body of controlling and regulating its own vicarious action.

Is there any other mechanism that has the power of repairing its losses and renewing its operations without artificial intervention? Does the cog in the wheel, when broken, unite its several particles, and proceed in harmony with the rest of the machinery? Can it rid itself of those obstructions that retard its movement, or guard itself against those mechanical powers that weaken its forces, and destroy its action? Possesses it any power of supplying its own wants, or of continuing its action, unless by remote agencies? Surely, there is no principle, either vital or mechanical, that is capable of constructing it a self-regulating and self-acting organism.

In animal life there is a principle self-regulating and self-acting, and this principle is properly termed "vital principle." It is peculiar to animal bodies, and is independent of mechanical agencies. It is, however, variously named; some styling it the "vital principle," others, simply "nature." It is the surgeon's safeguard. It is his guardian angel, and is alive to every danger that may threaten the health of his patient. We cannot locate it definitely, because we see it operating through almost every organ and function of the body. It pervades the whole system, sending its influence wherever a lesion may occur, or a defect arise. Does the body suffer under cold? It excites the circulation, thereby exciting secretion, and thus removes the cause. Has improper food been received into the stomach? It excites vomiting, and thus rids itself of the offending matter. Has a foreign substance entered the flesh at any point? It excites suppuration and thus discharges it. Lacks one function the power of performing its proper duties? We see it demanding of another increased action, and thus the balance is maintained and health preserved. We thus behold this resisting and conservative power of the system manifesting itself in the various operations of secretion and excretion, effusion of lymph, and likewise the common effects of sneezing and coughing.

Innumerable instances of a similar character might be mentioned; instances wherein the conservative principle of the body not only combats the disease, but likewise the surgeon.

We do not claim for this principle an irresistible action, neither do we assert that artificial aid is unnecessary, because its powers of resistance may be weakened. It may be defeated by the very means it calls into aid in its operations, and it is when this occurs that disease commences.

Is it at all improbable that the Creator designed this power as fully adequate to administer to all the ills of the human body, and correct its deviations? Has not heaven guaranteed to it, in the very fact of its creation, a protective power, and endowed it with a life preserving principle? It has established certain laws by which it must be guarded, and it has given it certain relations to the exterior world. It is

not until overpowered by their gross violations that medicine is called into aid, and the time is not far distant when this principle must not be overlooked by the true and successful surgeon.

SULPHUROUS ACID IN CHRONIC URTICARIA.

BY J. V. SHOEMAKER, A.M., M.D.,

Lecturer on Dermatology at the Philadelphia School of Anatomy; Physician to the Pennsylvania Dispensary for Skin Diseases; Physician to the Foster Home, etc.

Chronic urticaria is decidedly one of the most difficult of all cutaneous diseases to cure. It vexes and annoys both the physician and the unfortunate patient. It is my object, in this article, to call attention to a case of chronic urticaria, that has been under my care in the dispensary.

Mr. G. M., aged 28 years, a collector, applied for treatment October 18th, 1876. The patient was intelligent, and gave a clear and distinct history of his trouble. The past five years he had been leading rather an intemperate life; his meals were taken very irregularly, and in addition he drank from five to six glasses of whisky, daily, generally ending up in the evening with a good time among his associates. He was then stout, well built, and known for his great physical vigor. About three years ago his health began to fail. A sour taste was observed in the mouth, together with a heavy, uncomfortable feeling at the pit of the stomach. Diarrhœa set in, followed by intense itching all over the body. Becoming alarmed at his condition, he sought medical advice. The physician called his attention to a number of circular and elevated white spots scattered over the body. Under treatment, he improved rapidly, but the old habits being strong, he soon returned to his former manner of living. The same diseased condition again set in, with greater torment than during the previous attack; the dyspeptic symptoms and diarrhœa both increased. He sought one physician after another, with no improvement in his condition, and so it had continued, until October, 1876.

After hearing the history of the case, I examined him, but could find no wheals. The tongue was large, flabby, and the papillæ, circumvallatæ and fungiform, stood up at the base, sides and apex, like small warts. Over the epigastric, left lumbar and left inguinal regions there was marked tenderness, so much so that he could hardly bear percussion over these parts. The wheals were intermittent, appearing, generally, when he would be warm, in bed, accompanied with intolerable itching. At times the sensation would be that of myriads of little insects crawling over the body. In the morning, on arising, some of these white elevations could be seen; wheals appeared very seldom during the day. The inability to digest certain articles of food still continued, in addition to a movement of the bowels five or six times daily. It was evident there had been some marked change in the mucous membrane of the digestive tract. The great tenderness over the large bowel, in addition to the frequent discharges mixed with blood and mucus, pointed very conclusively, to my mind, that some local ulceration was going on in the lower part of the descending colon, or the upper portion of the sigmoid flexure. The sympathetic nervous system, formed of its numerous plexuses encircling all the viscera of the body, no doubt, reflected the morbid condition to the skin. The portion involved the solar plexus just back of the stomach, and one of its branches, the inferior mesenteric plexus, supplying the descending colon and sigmoid flexure, had carried to the skin the irritation from the seat of the disease, thus causing the cutaneous hyperæmia and the production of wheals. He was placed upon an anti-dyspeptic remedy, together with castor oil mixture, followed by alterative doses of mercury with chalk. Locally, alkaline and vapor baths were used. Over the stomach and descending colon mustard plasters were freely applied, until the surface was reddened. After continuing this application for some days, the emplastrum hydrargyri et belladonna was placed over these parts. A most rigid course of diet was observed. By having a regular list of each kind of food taken daily and submitted to me at each visit, I have on several occasions been able to trace the cause of the mischief. In this case the same plan was pursued; at each visit the diet list was handed to me, and from time to time one article of food after the other was excluded. Finally, my patient was on an exceedingly plain and simple diet, consisting of boiled milk with lime water, beef tea, animal broths, bursted rice and hominy grits. By degrees he showed a marked change in his condition; the dyspepsia and diarrhœa all ceased, and in six weeks after being under treatment all the ten-

derness over the abdominal region entirely disappeared, together with the wheals. He remained free from "wheals" two weeks, when suddenly they again appeared, without any assignable cause. As the treatment had been regularly pursued, I made no immediate change. One month passed by and the wheals still annoyed my patient, although all the viscera appeared normal. I continued to study my patient's case, giving in addition to what has already been mentioned all the available remedies, such as cod-liver oil, iron, quinine, arsenic, and other appropriate tonics. Locally, the Turkish and sulphuret of potassium baths, lotions of oil, calamine, marsh mallow, flax-seed, poppy seed, together with ablutions with carbolic acid soap, were used at different times, without any decided change.

I called to see Prof. J. M. DaCosta with my patient. He examined the case very carefully without detecting any primary disease. In all the Professor's extensive experience he had only met with one similar case that had resisted all the treatment named. The patient referred to was an elderly lady, and the cause of the urticaria the doctor thought was due to wearing red flannel next to the skin. Different remedies were tried without success, until, finally, the patient was placed upon one drachm doses of sulphurous acid in syrup and water three times daily. The patient speedily recovered. At Prof. DaCosta's suggestion, my patient was placed upon the same treatment, in addition to continuing the alkaline baths at night. I am glad to add, that in four days after using the sulphurous acid, the effect was like magic. Four months have passed since the wheals disappeared. The patient has again his healthy and robust look. There has been no sign of a return of the disease. The sulphurous acid had, no doubt, an alterative and tonic action upon the system.

Hospital Reports.

BELLEVUE HOSPITAL.

CLINIC OF DR. E. G. JANEWAY,

Professor of Clinical Medicine, etc., in Bellevue Hospital Medical College, April 13th, 1877.

Cerebral Embolism.

Gentlemen:—I present to you to-day a man, fifty years of age, who, as you will notice, has some paralysis of the facial muscles, on the left side; and on uncovering him we find that the right upper and lower extremities are also similarly affected. It is better to call this paresis, or partial paralysis, for while the loss of motion is almost complete, sensation is impaired to but a slight extent. Now what might produce the condition here present? Among the suggestions that I hear from the class are, embolism, hemorrhage, thrombosis, syphilitic tumor of the brain, and some other intra-cranial growth. How shall we decide which it is? Well, the history of the case will, no doubt, throw some light on the subject.

Our patient, who is not over-weighted with intelligence, informs us that he was taken sick five years ago, but that it was some affection of the chest which he had at that time. The present trouble we find, however, only commenced last Sunday night (April 8th). He was lying down in the cabin of a scow on which he was navigating at the time, and on attempting to rise, he fell over in his present helpless state; the paralysis of motion being more complete, however, than it is now. He had no cephalalgia, dizziness, or head-symptom. All that he knows is, that he got up and immediately fell over, losing the power of his limbs but retaining his consciousness perfectly. When I was attending physician to Charity Hospital, I met with a similar case in which a young woman, while in the act of combing her hair, was suddenly attacked with hemiplegia, without any premonition whatever.

Now, what can this be? Not thrombosis, because the paralysis came on so suddenly. Is it embolism? and if so, how can we determine that it is? The examination of the heart, as is suggested, will aid us materially; and on resorting to this I find there is present a double aortic murmur; it is not very distinct with the first sound of the heart, but more so with the second.

Here, then, is undoubtedly the explanation of the case, as it is probable that minute portions of vegetations upon the valves have been washed into the circulation.

Now, in what artery would we be likely to look for an embolism in a case where there are such phenomena as are here present? The middle cerebral.

In answer to our inquiries, we find that the patient has never had rheumatism, as far as he knows, but that he has had syphilis.

Now syphilis, you must know, also produces organic disease of the heart, occasionally.

Two questions then come up: (1) Is the cardiac murmur to be regarded as proof positive of embolism? Certainly not, though it renders it highly probable that there is embolism. (2) Could we not have embolism without any murmur being present? Undoubtedly. The patient at Charity Hospital, to whom I have referred, was an instance of this. Another thing that points to the existence of embolism here is the tendency to rapid recovery shown. The temperature is sometimes of value in a diagnostic point of view.

Charcot has pointed out the fact that in the

first hour or two after cerebral hemorrhage the temperature is decidedly depressed, though it is rare that the physician reaches the patient until this stage of depression has passed off. A marked irregularity in the temperature (ranging quickly from low to high, and *vice versâ*) points more to embolism than to hemorrhage; and this is one of the characteristics of the present case.

The part of the brain affected is probably the anterior portion of the corpus striatum, and if we could examine the middle cerebral artery, we should, no doubt, find it blocked up for an eighth of an inch, or more. If the collateral circulation is not sufficient to fully nourish the part, it is possible that softening may occur. There is no improvement in the affected arm and hand; but the upper extremity is usually the last to recover its power. I find that the patient has some bronchitis, but he says that it is of short duration. It is impossible to ascertain exactly when the heart trouble commenced; but he tells us that three or four years ago he first felt pain in his chest and difficulty of breathing. We will now test his sense of smell. In private practice, it is perhaps the best plan to employ some pleasant odor, like that of cologne-water, or oil of cloves; but I think the expression of disgust is more easily distinguished in such cases, and in the present instance we will make use of assafœtida. Well, we find that the olfactory sense is decidedly impaired on the left side. Our patient says he is familiar with assafœtida, because he has been accustomed to give it to horses, in order to increase their appetite. That is certainly something entirely new to me. You will notice that there is slight aphasia present, as indicated by his manner of putting words together. The treatment here will consist simply of quiet and good hygienic conditions. We will keep the patient's general system in good order, regulate the heart's action, and let him alone. If we should discover any evidence of active syphilitic manifestations (which I do not observe at present), we would give the iodide of potassium.

Chorea.

Here is a girl, eleven years of age. Please observe her as she walks around the amphitheatre, and tell me what you think is the matter with her. Chorea, you say! Well, let us see. There is nothing very peculiar about her gait, and when I take hold of her hand, I find that she has a firm grasp. But now, when she attempts to hold the hand out steadily, you see distinctly the twitching of the fingers. She is able to hop very well on either foot. The history of the family is good, and we cannot learn that any member of it has been troubled with hysteria, fits, or any other nervous affections. Neither is there any rheumatism in it. In making inquiries in reference to rheumatism, we should always find out what the patient understands by that term. Now the mother informs us that the child's father has had rheumatism of the lower extremities; but on further inquiry, we find that the pain was confined to the thigh, and did not affect the joints at all. In speaking of this confusion of terms, I may mention that I once asked a patient if he had any pain, when he replied, "No, Doctor, but I have awful cramps."

There is one very important point in the history of this case, and that is, that this is the sixth attack of chorea which this child has had. The first occurred when she was six years old, and came on very suddenly after being thrown down by a horse in the street. On this occasion, the mother tells us, she came into the house "all shaken like, and frightened half to death." Since then she has had a return every year regularly, about this season. This is a curious tendency of chorea to recur in the manner here shown. On inquiring more minutely into the history of the case, we find that at one time the girl had painful swelling of both knees, but that this was after the first attack of chorea. The rheumatism, then, if such it was, was secondary to the chorea; and the latter is undoubtedly to be attributed to fright. I have seen quite a number of cases due to this cause.

Where chorea is present we should always examine the heart. The common presence of disease of the heart in this affection has, as you know, given rise to the embolism theory of chorea. But you must remember that every murmur you hear about the heart is not going to remain permanently, and also, that it may not be caused by organic trouble at all.

The murmur that is heard in any given case may be due purely to anæmia (even when it is at the apex, though this is rare), or to muscular action. In the present instance, I am unable to detect any murmur whatever. This is not a very well-marked case of chorea now, and the mother says the child is not nearly as bad as in some of her previous attacks. In the way of treatment I should recommend that she should be kept home from school, and free from all excitement; and she ought not to be scolded or treated harshly, as I learn she sometimes is by her father. She does not look as if she needed any iron at present; but I would give her strychnia in small doses, and continue it for some time. This is the drug which, as a rule, I prefer to all others in the treatment of chorea.

Attempted Suicide by Hanging.

This young woman, according to her own and her sister's account, the other morning, before starting out to her work, took a very small quantity of whisky; to which, as is stated, she is wholly unaccustomed. This had the effect of intoxicating her, and, in consequence, she was arrested and locked up in a station house. As soon as she was placed in the cell, however, she came to her senses, and so mortified was she to find herself in such disgrace, that she immediately hung herself from the top of the door. In five minutes from the time that she was left alone she was found hanging in this way, and perfectly unconscious.

She was at once sent to Bellevue, in one of the hospital ambulances, and within two hours afterward I saw her myself. She was still completely unconscious, and presented altogether an interesting case for diagnosis. The pupils were rather contracted, but responded fully to light. There was slight reflex action, as ascertained by tickling the soles of the feet, etc. The arms were quite rigid, but there was twitching from the wrists. There was no evidence of pressure on the cord above the origin of the phrenic nerves, the respiration being very good.

Dislocation of the vertebræ was suggested, but it was found that she moved her head from time to time. Under the circumstances I resolved to try the effect of the cold douche. It increased the contraction of the pupils, I found, and I finally came to the conclusion that the case was one of alcoholism, with congestion of the brain. The odor of liquor was well marked in the breath, which, it seems to me, could hardly have been the case if she had taken such a small quantity of whisky as was represented, after an interval of two hours, or more; but upon this point I am not positive. The possibility of meningeal hemorrhage occurred to me in connection with the rigidity of the arms; but the twitching of the hands rendered this improbable, and the rapid recovery, under the use of the cold douche, proved that the diagnosis made was the correct one.

The patient affirms that she has no recollection whatever of becoming intoxicated, or of being arrested; and on questioning her closely I find that she has had spells of unconsciousness before.

The question, therefore, arises, was the case complicated with epilepsy? On further inquiry, however, I think we will have to abandon such a supposition.

The last time that she had a spell of unconsciousness, she says, was in September last, and it continued for two days, which does not look much like epilepsy. But it seems that at that time she had just been confined; and the physician attending her found it necessary to give her opium for some puerperal trouble. The unconsciousness at that time is, therefore, not very difficult to explain; and since she is unable to refer to any other distinct time when she had any kind of an attack accompanied by unconsciousness, there does not seem to be any ground, as far as I am able to make out, for supposing that she has ever been affected with epilepsy.

Editorial Department.

Periscope.

Hydatid of the Lung.

The following interesting case was given by Dr. Greenfield, in the Clinical Society of London:—

A girl, aged seventeen, came under his care in March, 1875, suffering from pulmonary symptoms of four years' standing, for which she had been at times under treatment, the symptoms being ascribed to phthisis. When first seen, she was complaining of return of cough, expectoration of offensive fluid, and pain in the right side, and had had slight hæmoptysis. The expectoration had come on suddenly four days previously. The physical signs pointed to a loculated empyema situated toward the lower part of the right lung, which had formed a communication with a bronchus. There were, however, none of the associated symptoms of chronic empyema. Dr. Greenfield proposed to perform paracentesis; but, before arrangements could be made, the patient, three days later, had a sudden attack of cough, followed by impending suffocation, and then brought up a large piece of hydatid membrane, forming an almost complete cyst, of the size of an orange, and then a teaspoonful of blood. She continued to expectorate pieces of membrane for about ten days, and then the physical signs of a large cavity in the region of the angle of the right scapula appeared. There was no subsequent rise of temperature; and the physical signs, with the exception of those indicative of a large cavity, entirely disappeared, the patient making a rapid recovery. Since that time until lately the patient had been in good health, but the signs of a cavity had persisted in a gradually narrowing area, corresponding with the upper part of the lower lobe of the right lung. Recently some indications of fresh enlargement and surrounding inflammation had been observed. Dr. Greenfield remarked that, though the occurrence of hydatid cysts in the lungs was comparatively rare, and, according to the authorities, the evacuation and cure of the cyst by perforation into a bronchus still more so, the number of cases recorded probably did not represent the relative frequency of the affection. The diagnosis between hydatid cysts in the lung itself and in the liver perforating the lung, when the cyst was in the lower lobe of the right lung, was in some cases a matter of difficulty; but he relied upon the general course of the symptoms, the position of the cyst as indicated by the physical signs, and especially on the complete evacuation and absence of bile-staining of the membrane. By an analysis of recorded cases, he showed that hydatid cysts of

the lung were not most frequently found in the lower lobe of the right lung, but occurred with equal frequency in the upper lobes and in the left lung. The prognosis, after complete evacuation of the cyst, was generally regarded as favorable, but there was danger of the presence of another cyst, the recurrence of inflammatory changes around the old one, and possibly of the production of aneurism of the pulmonary artery by traction of the contracting cyst-wall, or by the loss of resistance due to its presence. The fact that there were some indications of the possible presence of another cyst would lead him to watch the case carefully, and, if necessary, to try the effect of exploratory puncture.

The Value of the Binder.

Dr. J. Hyde Houghton, M.R.C.S., writes to the *British Medical Journal*:—

Initiated in midwifery by my late lamented friend Dr. Edward Rigby, I was early taught the importance of the "binder" as a means of preventing *post partum* hemorrhage; and through a period of nearly thirty-three years, during greater part of which I have had a very extensive midwifery practice, I have only had one fatal case in my own practice.

In every case, I myself carefully bandaged the patient as tightly as possible, with a shawl or large towel, in which I generally wrapped a book to form a pad over the uterus, with the best results, though I had then sometimes to deal with cases of hemorrhage.

In the year 1861, however, I was engaged to attend one of the largest women I ever saw. She was tall and immensely stout. The labor was natural, but rather tedious; and after it was over violent hemorrhage set in. Here any ordinary binder was useless; and to grasp the uterus through the parietes was impossible, from the immense quantity of fat on the walls of the abdomen. I had the advantage of the advice of my old friend, Mr. S. D. Fereday, and all the means which we could devise were used without effect. We watched her for some hours, a certain quantity of draining going on in spite of our efforts; and we anticipated a certainly fatal issue. Where art had failed, however, nature came to her assistance, and she ultimately recovered.

In the following year I was again asked to attend her, and was called to see her one Sunday morning. I had a most lively recollection of her last labor, and a firm reliance on the binder, and was determined, if possible, to bring one to bear on her huge abdomen; so I went to a saddler who lived near, and there extemporized a binder. It consisted of an oval piece of the strongest "butt leather" he had, ten inches long by eight wide, to each side of which a strong strap (nearly as strong as stirrup straps) with buckle, was attached. With this I was able to attain some degree of pressure. Suffice it to say the labor went on well and no flooding took place.

For some time afterwards I took my "binder" with me only when I had to attend stout persons; but I soon found that the comfort of it was so great and the advantages so signal, that I began to take it with me to every patient I attended, and have continued to do so for the last eight or nine years; *and during that period I have not had a single case of hemorrhage that has given me the slightest anxiety.*

This is the practical fact I wish to bring forward: I apply the bandage gently before the child is born. I make the nurse press on the pad during the expulsion of the child. I then tighten the bandage pretty firmly; and after the expulsion of the placenta, which is rarely long delayed, I again tighten it as firmly as the patient can comfortably bear. It is very rarely necessary to do more; but if the pains be sluggish or infrequent, and if pressure by the binder does not increase them, I give a dose of ergot just before the child is born.

Love Potions—Ancient and Modern.

Dr. Charles A. Cameron writes, in the February number of the Dublin *Medical Journal*:—Philters seem to have been used from an early period, by the Greeks and Romans; and among the latter, during the period of the empire, their manufacture was carried out upon a large scale, and their sale conducted openly. It need hardly be said that their use resulted in madness, imbecility, and physical disease, instead of the effect they were warranted to produce. Caligula's madness was by some attributed to philters administered to him by his wife, Cæsonia, for the purpose of retaining the tyrant's affections. Lucretius is also said to have been deprived of his reason by a love potion. In the Middle Ages we find few references to philters, but in modern times deaths from their administrations occasionally occur. In the case of *The Queen* against *Manifold*, for murder, tried at the Wicklow Summer Assizes, 1875, the prisoner was accused of having poisoned a girl (his sweetheart), by administering to her phosphorus paste. He was acquitted, but the popular impression was that the phosphorus had been given to the girl as an aphrodisiac. Many persons have come to me with articles of food and drink for examination, under the impression that they contained drugs intended to excite the sexual appetite; but though I looked for cantharides, and other so-called aphrodisiacs, I never found any.

The Uræmia of Scarlatina.

On this form of uræmia, Mr. W. Whitla, Senior Surgeon to the Belfast Royal Hospital, writes, in the Dublin *Medical Journal*:—

My experience is far too limited to generalize, but perhaps I shall be borne out in stating that convulsions occur more frequently in this form of desquamative nephritis than in the acute affection, the result of exposure and other causes. Dr. Samuel Fenwick and others have

found in the stomach tubes and the Lieberkühnian follicles of the intestines, in the bodies of patients killed by scarlatina, changes which prove that a process takes place in the epithelial lining of these glands analogous to the desquamation occurring on the surface of the body, while a very eminent authority affirms that this is the true pathological explanation of the lesion of the kidneys which, he says, is caused by the shedding of the epithelium lining in scarlatina, the convoluted tubes of these organs.

But I can go one step further, from changes which I have noticed in scarlatinal blood, to demonstrate under the microscope that the epithelial lining of the blood vessels of the body suffers the same destruction as the cuticle, and that partially broken up cells and nuclei corresponding to the pavement on the fenestrated coat of Henle are sometimes to be found in the circulating fluid during the early desquamative stage of scarlatina. Many things go to show that at this stage of the disease the blood is charged to excess with excrementitious matters; consequently great extra work is required of the liver to elaborate urea from these, which work the liver does, though more quickly and less perfectly than it should, and the resulting modifications or substitutes for urea cannot be thrown out sufficiently rapidly by the kidneys, already overtaxed and unhealthy, and uræmia results. If, then, this state of matters exists, we see what a very important part the liver plays in the uræmia of scarlatina.

Albuminous Urine in Chronic Morphia Poisoning; Remarks on the Treatment of the Latter.

In an interesting lecture on morphomania (*morphiumsucht*) and acute morphia poisoning, given before the Berlin Medical Society, Dr. Levenstein, Superintendent of the Schöneberg Asylum, Berlin, stated that in a large number of patients with chronic morphia poisoning, albumen is present in the urine. It most commonly occurs in patients who have been in the habit of subcutaneously injecting morphia in large doses for many years. The quantity of albumen excreted appears to be directly proportioned to the time during which the drug has been used and to the size of the doses, and varies from slight cloudiness to a flocculent precipitate. Albumen could be detected in cases of morphomania in which all other causes of albuminous urine could be excluded. Experiments on animals (dogs and rabbits) confirmed this observation. Two or three centigrammes subcutaneously injected three times a day give rise to albuminous urine in two or three days. Fatal doses of morphia, just as of chloroform, chloral, or curare, also cause the appearance of sugar in the urine.

Morphomania, with all its morbid phenomena, must be simply treated, according to Dr. Levenstein, by the complete withdrawal of the drug. The only cases in which it is unadvisable to withdraw it suddenly, are those in which the patients are in a low physical condition owing to previous abstention from food or to protracted illness: here the strength must be raised by carefully regulated diet, before resorting to extreme measures. In all cases, during the first five days after morphia has been completely withdrawn, the physician should take care not to be out of call should collapse occur. For this condition the immediate injection of morphia under the skin is the best treatment. In cases in which there is a suspicion that the patient, in spite of all his assurances to the contrary, is still secretly making use of morphia, the fact that after its complete withdrawal morphia disappears from the urine by the fifth or sixth day is a valuable aid to the detection of the fraud. "It is certain," says Dr. Levenstein, "that if morphia can be detected in such a case after the eighth day, the patient is deceiving his doctor." The simplest way to detect morphia in the urine is to evaporate to dryness, and to extract the residue with alcohol. After evaporation of the latter, the residue is dissolved in water, warmed, and shaken up with amylic alcohol, to remove the urea. The morphia can now be precipitated by the addition of ammonia, and detected by the usual reagents.

The Treatment and Prognosis of Pneumothorax.

Dr. A. MacDonald relates some cases of pneumothorax in the Edinburgh *Medical Journal*, February 1877, and concludes thus:—

As to treatment, my first case shows that little is necessary. All that was done in his case was to put on a tight bandage and attend to his general health, the pneumothorax being fairly considered as a symptom of some deeper lesion. There seems to me, as I have already stated, to be little doubt but the air in the pleura can be slowly absorbed by some dialytic action of the pleural sac, provided the opening from the lung heals up, and that thus its re-accumulation is prevented. But if it does not become re-absorbed, it appears pretty evident that the opening in the visceral pleura is permanent, and that no good results can be obtained by tapping in a truly therapeutic sense. In case of impending death, however, from the results of pressure in the pleural cavity, I do believe that tapping may give considerable relief to symptoms for a time.

As cure, if it is to be effected, is almost certain to be brought about by a certain amount of pleurisy, and possibly also may lead to pneumonic change as a secondary result, we ought, I think, to be on our guard, so as to prevent, as far as possible, the extension and aggravation of the pleuritic process. Further than this, I do not see that there is anything that can well be done.

In conclusion, I think, 1st, that we are warranted in assuming that, though pneumothorax is usually a complication of serious lung lesion, yet it may occur from very slight causes indeed,

and is by no means necessarily a part of tubercular phthisis.

2d. That occurring early, and in a patient otherwise healthy, there is no good reason to give an altogether unfavorable prognosis. Whatever be the nature of the pulmonic lesion, in a certain proportion of such cases the patients get ultimately quite well.

3d. That our opinion upon the probable termination of such early cases should be, therefore, based essentially upon the history and general condition of the patient, as to bulk, absence of cough, night-sweats, etc, and not merely upon the occurrence of this symptom.

Treatment of Granular Lids by Acetate of Lead.

Dr. Pierd'houy, as quoted in the *Practitioner*, after having passed in review the very numerous and various methods of treating this disease, expresses himself in favor of Buy's plan, which consists in the application of the neutral acetate of lead in the dry form to the granulations. The acetate should be perfectly fresh, and may be applied lightly with a brush to the granulations after everting the lids; before replacing them the surface should be brushed over with a mixture of oil and glycerine. The reaction is slight, and may be repeated many days consecutively till the granulations are quite flattened down. The plan is well adapted for those who can only be seen occasionally. It has a powerful effect in diminishing the amount of suppuration. It soon produces a cure, and there is no chance of the formation of cicatrices.

On the Therapeutics of Aloin.

This is the title of an article in the Edinburgh *Medical Journal*, for April, by Dr. Craig, from which we make the following extract:—

That aloin possesses purgative properties there cannot be the least shadow of a doubt. I am not aware of any good authority who denies this; and, as the results of my experiments on rabbits, I have come to the conclusion that it is the only active principle contained in aloes. I have, during the past three years, prescribed aloin almost daily, and have always found it a reliable and valuable medicine. It is chiefly in chronic constipation that I prescribe aloin. In habitual constipation it is one of the very best medicines we possess. To persons of a sedentary occupation, with constipation and general sluggishness of the bowels, the administration of aloin in small doses will generally be very beneficial. Aloin, being comparatively slow in its action, is not suited when we wish to empty the bowels freely and quickly; in such cases it is not to be compared with such vegetable purgatives as scammony or jalap; nor is it equal to elaterium or gamboge in dropsies; but it is far superior to any of these substances in chronic constipation with sluggishnes of the liver and other abdominal viscera. In such cases I generally give it in doses of $\frac{1}{8}$ to $\frac{1}{2}$ grain, in pill, combined with iron, and in all such cases I prescribe the dried sulphate of iron, which is the best of all the ferrous sulphates for forming pills. I frequently give quinine in the same pill, combined with extract of nux vomica, and sometimes capsicum or myrrh. The following pill I have found very valuable:—

℞.	Aloin.,	gr. $\frac{1}{4}$
	Ferri sulph. exsic.,	gr. jss
	Quin. sulph.,	gr. j
	Capsici,	gr. $\frac{1}{4}$
	Extract. nucis vomicæ.	gr. ss.
	" gentianæ. q. s. ut fiat pil.	

Sig.—One pill two or three times a day.

The various constituents can be varied according to circumstances.

I would only add further, that there are few indications against the administration of aloin. I have given it in pregnancy and hemorrhoids, and have never seen any bad effects follow. When my own observations are viewed in connection with the researches of numerous experimenters in regard to the activity of aloin, I am forced to the conclusion that aloin is the only active principle contained in aloes, and is sufficient to account for all the purgative properties of that medicine.

The Evolution of the Placenta.

A late article by Prof. Turner, in the *Journal of Anatomy and Physiology*, states that in mammalia the same essential constituents are found entering into the formation of all placentæ, and the simplest arrangement of these may be looked upon as constituting a placenta in its most generalized form. Such a fundamental type of placenta would consist of a fetal portion, composed of a vascular membrane, upon the one face of which is laid down a layer of pavement epithelium, and a maternal portion similar in constitution, with the exception that in this case the epithelium is of the columnar type. These two membranes are applied to each other, so that their epithelial surfaces are in contact. From this simple type-form the different varieties of placenta may be conceived to be evolved, the process of evolution being effected by "the assumption of a greater extent of complexity in the foldings, on the one hand of the villous chorion, on the other hand of the uterine mucous membrane, with, in addition, in some placentæ, modifications in the relative size of the maternal blood-vessels, and in the form of the maternal epithelial cells." The diffused placenta presents the closest affinity in structure to the fundamental type, whilst the human placenta is the most specialized. But the author goes on to explain, that whilst this evolution of the more complicated placentæ out of the more simple placentæ is quite conceivable, yet the evolution cannot be regarded as taking place as a continuous process, "from the diffused through the polycotyledonary, zonary, and dome-shaped group forms, until at length the highly specialized discoid placenta of monkeys and of man has been produced."

On Lardaceous Diseases.

The *Lancet*, in a recent editorial, comments on the great importance and frequency of the lardaceous changes in the system as productive of chronic diseases. Some attribute these to syphilis, others to suppuration. The writer inclines to the conclusion that the principal cause of lardaceous disease is prolonged and exhausting suppuration, especially in connection with diseased bone, and that the principal way in which prolonged suppuration causes death is by producing such an altered condition of the blood as leads to the deposition in the liver, spleen, kidneys. and bowels, primarily in and about the arteries of those parts, of the lardaceous material, not amyloid in nature, but fibrinous, or at least nitrogenous. This being so, the cases of prolonged suppuration in the hands of the surgeon become more and more important in a medical respect. Surgery is often discredited by being dissociated from medicine. Sometimes the surgeon has fair cause of complaint against his medical colleague for not sufficiently insisting on the medical reasons for abstaining from operations which, from a merely surgical point of view, seem plausible enough Henceforth, at least, surgeons cannot complain that pathology has not supplied them with good reasons for studying every device for the restriction of suppuration, for well considering the merit of alternative surgical procedures in the light of their different tendency to lengthen or to shorten the period of suppuration, and for getting the best medical opinion on the condition of the glandular system before undertaking grave surgical operations in cases characterized by prolonged and excessive discharge of pus. There are many indications that suppuration is a process that is coming more and more under the control of surgery, as surgery is becoming more and more scientific in its methods. We venture to hope that, with this increased command over suppuration, there will come a greater control over those melancholy cases of lardaceous disease which we all meet with in practice, and which, up to this time, have proved so little creditable to either medicine or surgery.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"A Case of Diplacusis Binauratus, with Remarks, and a Case of Restricted Range of Audition," is the title of a Monograph by Swan M. Burnett, M. D., of Washington, D. C. We have received from the same source another reprint on "So-called Second Sight of Old People." The conclusion in regard to diplacusis is that it may be a much more common affection than the record of cases would lead us to suppose, since it can be so readily overlooked. The points especially presented in the "Case of Restricted Range of Audition" are of an interesting physiological character. The conclusions arrived at in the paper on "Second Sight" are that in such cases "there is no essential rejuvenescence, as seems to be popularly believed," and that "no power of accommodation is regained."

——"Solution and Absorption of Medicines, or the Best Means of Securing the Good Effects of Medicines, in the Cure of Diseases," is the title of a paper read before the Tri-states Medical Society at Vincennes, Indiana, Nov. 22d, 1876, by J. W. Compton, M D., Professor of Materia Medica and Therapeutics in the Medical College of Evansville, Indiana. Some of the causes which may hinder the solution of medicines in the stomach are—arrested secretion of saliva, insufficient quantity of gastric juice, as well as of bile. If the medicine is unacted upon, it is inactive, and thus a disease may proceed even to death, and the medicine and the physician be unjustly censured.

It is believed that bushels of pills are daily passed through the alimentary canals of the sick, and cast off with other refuse matter. The prescribing of liquid or easily liquefied preparations is insisted upon.

——"Wine in the Different Forms of Anæmia and Atonic Gout," by M. E. Bégin (translated from the French), is a monograph closely simulating an advertisement for a certain form of wine, claimed to be of such a chemical nature as to be invaluable in anæmia and gout.

——The report of the Regent's Committee on the Medical Department and Hospital of the University of Michigan, just published, grants the homœopathic branch of the faculty the use of a portion of the present hospital "for treatment of all such patients as shall elect that system of treatment."

——Received: Sixtieth Annual Report of the State of the Asylum for the Relief of Persons Deprived of the Use of their Reason, Philadelphia.

——Received, also: Second Annual Report of Women's Christian Temperance Union, of Philadelphia.

THE

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A STEP FORWARD IN MEDICAL EDUCATION.

A long contemplated step in advance in the cause of medical education we have now the pleasure of announcing as an accomplished fact. The medical department of the University of Pennsylvania, venerable by its age and justly renowned for the long and brilliant roll of its teachers, has set an example which it is to be hoped all other medical schools will imitate, if not in detail, in spirit and in purpose.

What these changes are, may be seen from the following statements, which have been furnished us. Hereafter, attendance will be required of the students upon three courses of lectures, of five months each. The terms are not to be lengthened to nine months at present. The reported addition of a fourth year, to be spent in hospital work, is unauthenticated. Though few will deny that four years is a short enough period in which to prepare for the performance of the responsible duties of the physician, yet it is not thought feasible at present to lengthen the course so much beyond its former limit. The order of studies is to be graded so as to be adapted to the acquirements of the student in each successive class. The branches to be studied during the first two years are to be elementary in their nature, and an examination held at the end of each year upon the subjects concluded during the term, so that the third year of the course may be entirely given up to the consideration of the practical branches, viz.: therapeutics, practice, surgery, obstetrics, the diseases of women and children, and nervous diseases. It will be seen at once that this system of work largely resembles that employed at the principal centres of medical education abroad, Edinburgh, Paris and Vienna, and also that upon which the Harvard School of Medicine is constructed. The great clinical facilities available in the neighborhood of the University will enable the instruction given during the third year to be as complete and of as large and practical value as can be found in any European capital.

The salaries of the professors will be set at a fixed sum and paid by the trustees. The fees at present paid yearly by the students will not be much increased. The determination is to offer the most complete course of medical instruction attainable on this continent, with the smallest possible increase in the present rate of fees. It is designed to so parcel out the payment of fees over the three years as to but slightly increase the burden of costs for the student.

The advantages of this plan, which is similar to that pursued at Harvard, are evident. It is true, perhaps, that at other schools a small proportion of the students voluntarily spend many more years in medical studies than is required of them, but as there are no special facilities provided, they cannot employ time to the best advantage, and are burdened with heavy additional expense for private instruction in practical branches and for private clinical courses. In nearly all medical schools of the

country the professor repeats the same course of lectures year after year, and the first and second years' men both attend the same lectures together, but in a properly graded course of studies, such as is to be instituted at the University, the student of the first class has mere elementary teaching, the student of the second class is suitably advanced, and the third class only receive practical instruction. It is evident that in this alone can a guarantee be acquired of the actual preparation of the student for the practice of his profession. It must appear clear that a student who had enjoyed the practical advantages above mentioned would make much more rapid progress toward a successful practice after graduation. So that it would be an actual gain to pursue the longer and more arduous course, in view of the advantages promised. When the whole amount of fees paid during the three years' course is but slightly in advance of that formerly required for two years' instruction, the increased usefulness and facilities of the longer course will appeal with overpowering persuasion to the intelligent student.

The examinations for degrees, hitherto held by the seven professors proper of the Medical School, will in future be conducted by an examining board of seven, selected from the whole faculty, both clinical and medical. The spring course of morning lectures, started for the first time this spring, and comprising lectures by competent authorities, upon such subjects as histology, symptomatology, physical diagnosis, opthalmoscopy, experimental physiology, regional anatomy, etc., will be continued in future years. The good work of the "Quiz Associations" will not be interfered with in any way. All students who desire these additional aids will enjoy the same facilities for private instruction as hitherto.

This new system depends for its permanent success upon the appreciation and support of the intelligent people of this city and country, and the authorities of the University are confident that the reputation and success of the school will be vastly increased, and that their great step forward is an eminently proper one, in every respect. It is needless to say that none of the changes spoken of above will affect the matriculates of 1875 and 1876, unless at their own expressed desire. The chairs of chemistry, physiology and clinical surgery, lately left vacant by the resignation of Professors Francis Gurney Smith, Robert Rogers and John Neill, will be filled at the earliest date proper, by new appointments. In the selection of a new professor of physiology, the trustees are searching for a tenant willing to devote all his time and study to the consideration of physiological questions.

INFIRMARIES FOR TRAVELERS.

In a country whose population is as migratory as that of the United States, where, as a certain humorist says, the first building that is constructed on the site of a future city is a vast hotel, some provision better than hotels usually furnish, for sick travelers of the well-to-do classes, is constantly demanded. The average hotel or boarding house is too noisy, the attendance too indifferent the diet too unsuited for the sick, to offer anything like the chance for recovery and the freedom from pain which the wards of a well organized hospital would.

When the disease is of a contagious nature the proprietors of such caravansaries are greatly annoyed to be obliged to keep the invalid in their house; and even when it is not so, the senseless and cowardly terror which very many people have of sickness of any kind is very likely to drive a certain number of guests away. Usually, therefore, every effort is made to conceal the presence of sickness of any kind; and thus, many persons are needlessly exposed to dangerous contagious disorders. We have known cases of small-pox and scarlet fever in large hotels, which not one of the boarders knew were in the building, and hence, they neglected those proper precautions which

they should have taken to avoid contagion. No blame can justly be attached either to the proprietors or the attending physicians in such instances, for the dilemma allows no alternative, in the present state of affairs.

The remedy we suggest is the establishment, in every city of moderately large size, of a hospital exclusively devoted to the better classes, wherein the best of medical attendance and nursing should be furnished at fair and remunerative prices. It should not be in any sense a charity, and the very name of "hospital," as savoring of that despised condition, poverty, should be discarded. There could be separate rooms for each case, and separate buildings for those with contagious or offensive disorders. To such an institution all strangers and temporary sojourners able and willing to pay for first-class attendance should, as occasion called, be urged to repair. A description of its advantages should be distributed freely in all hotels and leading boarding houses. Needless to say that no charlatanry should exist in connection with it, no advertising of special doctors, no puffery of any kind.

The objections to such a scheme would, we are sure, not arise from hotel or boarding house keepers. They would be very glad to be relieved of the burden of their sick guests. They know too well that there is no profit in them in the long run.

It remains to inquire how would the profession regard it. There are a certain number who add considerable to their income as permanent attendants on the hotels, etc. They are accustomed to charge sick strangers good round fees, and therefore it is not likely they would cordially welcome a plan which would cut down the annual sum total of their receipts.

Then, of course, if such a plan was once brought to successful operation, and gained the confidence of the community, the applications for admission would not be confined to travelers; many residents would prefer the quiet, the salubrity, the skilled nursing, and the reliable help of such an institution, to the helplessness, ignorance, and officiousness, which are too often witnessed in the average household. This might further cut down certain physician's fees.

These objections might be met by allowing the patient to exercise his choice of a physician, had he an option; and by arranging that the regular hospital staff should include the whole of the local medical society; and that the profits should be distributed on some equitable basis to be defined by the circumstances of each case. Such details need not act as a bar to the plan.

Convinced that there is a very positive need for such institutions in all our large cities, we leave the details to be worked up by those in any particular place by the local requirements. Co-operation among physicians would soon perfect such an establishment; no great amount of means would be required, and from almost the outset it ought not only to be self-supporting, but decidedly profitable.

Notes and Comments.

Granular Kidney.

The *British Medical Journal* reports that Dr. T. Clifford Allbutt, during the last two years, has made notes of thirty-five cases of granular kidney occurring in private practice, and finds a marked history of mental distress or care, or both, in twenty-four of them. As a result of these causes, he finds that granular kidney follows more frequently than degeneration of the brain or spinal cord, and far more frequently than primary failure of the heart's muscle.

Gingivitis in Pregnancy.

M. Pinard, in the *Gazette des Hopiteaux*, states that, having occasion to examine a great number of pregnant women at a midwifery clinic, he finds an inflamed state of the gums to be a very common occurrence among them, coming on generally about the fourth month. It usually disappears a month or two after delivery, but is often prolonged over a longer period in nursing-women. It is met with also, but less frequently, in civil practice, and although the robust are not quite exempt from it, yet it is most frequently observed in women

whose general health is bad. The best application consists of a solution of chloral in equal parts of tincture of cochlearia, which is applied every, or every other, day, by means of a pencil. It causes little pain, and gives rise to a small eschar, which disappears in a day or so.

Treatment of Catarrhal Jaundice.

Dr. Krull, of Güstrow, Mecklenburg (*Berlin. Klin. Wochenschrift*, No. 12, 1877), recommends enemata of cold water as an excellent remedy in the above disease. One to two litres of water at a temperature of 59° Fahr., which may be gradually increased to 72° Fahr., are to be slowly injected into the rectum, by means of an irrigator, once a day. The patient is to retain the water as long as possible. The first effect of this treatment is the rapid disappearance of oppression in the epigastrium, as well as of nausea and headache; the appetite also quickly returns. In half the cases thus treated (eleven in all) the fæces were tinged with bile after the second injection; and in the cases of longest duration, in one of which the disease had existed for more than a year, their normal color returned not later than the fourth day. The largest number of injections used in any one case was seven. Most of the patients had previously been treated unsuccessfully by the ordinary methods. Dr. Krull explains his results on the supposition that the cold water not only increases the peristaltic action of the bowel, but also excites sufficient contraction of the bile-ducts to enable them to overcome the obstacle due to catarrhal swelling or inspissated mucus at the entrance to the duodenum.

Chromic Acid as a Cauterant.

The London *Medical Record* says, of M. Kœberle's use of chromic acid in the treatment of ulcerating granulations of the os uteri, that he prefers chromic acid as a cauterizing agent to the other remedies usually used, as pernitrate of mercury, iodine, nitrate of silver, and the actual cautery. He uses it in the crystalloid condition. It is a very anhydrous substance, and readily absorbs the moisture from the tissues which it may touch. M. Kœberle applies it through an india-rubber speculum, on a tampon of cotton-wool. Vomiting often supervenes within fifteen or twenty minutes from the application of the acid. When the tissues are seriously altered it is necessary to repeat the cauterization, but M. Kœberle has hitherto found three applications to suffice. After the application he applies a tampon, and advises the patient to use two soap and-water injections daily. He treats all ulcerations of the os in this way, as in epithelioma.

Treatment of Obesity and Amenorrhœa of Young Women by Milk Diet.

M. Tarnier was consulted some time ago by a young woman who was suffering from albuminuria. She was very fat, and had not menstruated for several months. He ordered only the rigorous employment of a milk diet. Some months later he saw her again, and found her quite slender in form, and presenting all the appearances of health. She had followed his directions to the letter, and the amelioration of her symptoms had been rapid. First, the albumen disappeared from the urine, and then the precocious obesity disappeared. Menstruation was gradually re-established as she grew thin, and her periods had begun to occur at normal intervals.

Shortly afterward, M. Tarnier ordered milk diet to a young woman who was very obese, and in whom there was absolute suppression of the menses. She had no albuminuria. The patient lost flesh rapidly, and menstruation was perfectly re-established.

Milk diet must be classed among the alterative medications, but it has the advantage of being well borne by the stomach and of not disturbing the general health.

In treating albuminuria with milk, M. Tarnier orders, for the first day, one quart of milk with two portions of food; for the second day two quarts of milk and one portion of food; for the third day three quarts of milk and one portion of food; for the fourth day and afterward four quarts of milk and no food at all. In the treatment of obesity it is not necessary to adhere so rigorously to the milk diet; a small quantity of ordinary food may be allowed. The patient may take the milk in such quantities and at such times as she likes, provided she takes the prescribed quantity *per diem*. The duration of the treatment will vary in different cases. If diarrhœa set in it is a sign that the treatment is not well borne. When the desired effect begins to show itself, it continues, even after the treatment is suspended.

Correspondence.

Letter From London.

Ed. Med. and Surg. Reporter:—

One of the first objects that attracted my attention after my arrival in London, was the word *vivisection*, in very large type, which could be seen on bills posted on street-corners, steamboats, and, in fact, everywhere. Upon examining one of these bills closer, I found it to be an appeal to the public, by the *Society for the Protection of Animals liable to Vivisection*, to sign a petition for the passage of *Mr. Holt's bill to make more effectual provision for the prevention of cruelty to animals*, accompanied by sensational pictures representing vivisection as practiced by M. Cyon. But as I have not heard the subject of vivisection mentioned outside of the profession during the time I have been here, I do not think that this appeal has made any deep impression on the public mind, and probably the majority of the people know nothing whatever about this movement, or else are perfectly indifferent.

This city affords an abundance of material for clinical study; but as the weather has been rather damp and disagreeable since I have been here, the thermometer ranging between 45° and 58° Fahr., I have kept myself in doors more than I would had it been more pleasant. At the free dispensary clinics I think the number of patients treated daily is so large that it is impossible to derive much benefit from attending them. Mr. Power and Mr. Rouse, surgeons to the Royal Westminster Ophthalmic Hospital, told me that some days they had more than two hundred out-patients many of whom had to be operated on, so the others are examined and prescribed for at almost railroad speed. On the day that I visited this hospital there were about one hundred and fifty out-patients who came for treatment, the majority being cases of chronic conjunctivitis; two operations were performed, one for strabismus, the other for artificial pupil. Mr. Power afterward conducted me through the wards, which were spacious, scrupulously clean, and well ventilated; here were a number of cases of keratitis, iritis, and kerato iritis, many of a specific character, with a sprinkling of almost every variety of eye disease.

At the surgical clinic in St. Bartholomew's Hospital I have been present only once; the operations on that day were:—lithotomy, by Mr. Savory; removal of an epithelial cancer from the lower lip, by Mr. Callender; and removal of necrosed bone from the hip, by Mr. Smith.

At Guy's Hospital I have attended three most excellent clinics. I will mention the following operations, at which I was present, only to show the abundance of material for the study of surgery:—excision of hip-joint, excision of knee-joint, both by Mr. Howse; removal of fatty tumor from the back, removal of cancerous growth from the scrotum, both by Mr. Cooper Forster; removal of fatty tumor from the shoulder, removal of necrosed bone from the shaft of the tibia, amputation of the leg for gangrene of the foot (probably resulting from the application of Esmarch's bandage for the cure of popliteal aneurism), removal of a cancer from the base of the tongue and floor of the mouth, involving the submaxillary gland, all by Mr. Bryant. I intend to give a brief account of the two last cases, as they appear to me to be of some interest.

The first patient, a man 47 years of age, was admitted to the hospital, on the 12th of March, for popliteal aneurism. Esmarch's bandage was applied above and below the knee, leaving the tumor exposed, and was taken off after three hours; the same was repeated after an interval of three days. The foot and leg becoming very painful, the bandage was not applied any more; but after ten days, the aneurism showing no sign of improvement, the femoral artery was tied. The wound united by first intention, but gangrene of the foot set in, and on the 24th of April it was resolved to amputate, the line of demarkation appearing plainly, immediately above the ankle. Although no tourniquet was applied, there was little or no hemorrhage, the circulation in the limb being too feeble. Mr. Bryant stated that he had tied the femoral artery upward of sixty times, and only once before had he seen gangrene to result from it; and he believed, in this case, that the application of Esmarch's bandage was the cause of it.

The other patient, a man thirty-seven years old, had for the past three years had some ulcers on his tongue and floor of the mouth, which had been mistaken for syphilitic, and treated as such. Getting continually worse, he applied to Mr. Bryant, who readily diagnosed the disease as cancer. Though the submaxillary gland was already involved, Mr. Bryant thought that the patient being still a young man and otherwise healthy, the case was one that would justify a surgical operation, as, if left alone, the disease would surely terminate the patient's life in a short time. The patient having been informed of this, as well as of the danger of the operation, preferred to take the risk of the latter. A horizontal incision was made over the submaxillary gland, which was then seized with a pair of strong forceps and separated from the surrounding tissue. Some of the smaller arteries, and also a large vein were wounded, causing considerable hemorrhage, which was, however, soon stopped. The knife was then introduced through the external wound, and an opening made along the internal surface of the inferior maxillary bone into the mouth; the bone was next divided by means of a chain saw, a tooth being extracted to make room for the saw to cut, and all the cancerous tissue was removed through the external wound, after which the two sections of bone were placed in their proper position, and retained there by means of a splint invented for the purpose.

I also visited the Greenwich Hospital for Seamen, for which the old pensioners' building is now used in lieu of the old hospital ship "Dreadnought," which, fortunately for the poor sailors, was condemned about seven years ago. The hospital has excellent accommodations for about 250 patients.

I hope yet to be able to visit the London Hospital and St. Thomas' Hospital before leaving London. In conclusion, I must state that all the members of the profession that I have met have given me a most cordial reception, and done all in their power to make my stay here both pleasant and profitable, and I take this opportunity to express my most sincere thanks for the kindness and courtesy shown me. Hoping that in my next communication I shall have more of interest to report, I remain yours truly,

JOHN SUNDBERG, M.D.

London May 4th, 1877.

NEWS AND MISCELLANY.

The U. S. Pharmacopœia.

At a large meeting of the Philadelphia County Medical Society, in reference to Dr. Squibb's proposition to modify the manner of revising the U. S. Pharmacopœia, after a free interchange of sentiment between the members, the following resolutions were adopted, as offered by Dr. Nebinger:—

Resolved, That in the opinion of the Philadelphia County Medical Society, the propositions of Dr. Squibb to modify the period of revision of the United States Pharmacopœia, and other proposed reforms, are deserving of careful consideration by the medical and pharmaceutical professions.

Resolved, That in the judgment of this Society such reforms and modifications of ancient plans can be more safely entrusted to the National Convention of the Pharmacopœia and its committee of revision than to any new organization.

Resolved, That the action of this Society be officially transmitted to Dr. John C. Riley, President of the Pharmacopœial Convention at Washington, to Dr. Bowditch, President of the American Medical Association at Chicago, and to Dr. Squibb, of Brooklyn.

Resolved, That these resolutions be also published in the MEDICAL AND SURGICAL REPORTER, *Druggists' Circular*, Chicago *Pharmacist*, *Medical News*, Philadelphia *Medical Times*, *The American Journal of Pharmacy*, New York *Medical Record*, and *New Remedies*, as soon as possible.

Dr. Albert H. Smith presented the following resolutions, which were unanimously adopted:

Resolved, That this Society does not recognize the legal or moral right of the American Medical Association to assume the work of issuing a Pharmacopœia, as proposed, nor its fitness for the work, if such right existed.

Resolved, That its delegates to the American Medical Association be instructed to use every proper means, by their votes and influence, to prevent the consummation of the plan proposed by Dr. Squibb. FRANK WOODBURY, M. D.,

Reporting Secretary.

Monmouth County (N. J.) Medical Society.

The annual meeting of the Monmouth county Medical Society was held at Freehold, on Monday, May 14th, the President, Dr. C. A. Conover in the chair. There was a full attendance of members. Drs. J. G. Shackleton, of Matawan, and Edward Field, of Red Bank, were admitted to membership. The annual address, "Higher Education of Medical Men," was delivered by the President, and papers read by Drs. Welch and Hunt. After the transaction of the usual routine business, the following were appointed for the ensuing year:—

Delegates to the Medical Society of N. J.—Drs. Wilmer Hodgson, Isaac S. Long, W. A. Newell, P. B. Pumyea, T. J. Thomason and J. E. Arrowsmith.

Reporter for the Society.—Dr. S. H. Hunt.

Delegates to the American Medical Society.—Drs. J. E. Arrowsmith and P. B. Pumyea.

President.—Dr. Samuel Johnson.

Vice President.—Dr. George T. Welch.

Treasurer.—Dr. T. J. Thomason.

Secretary.—Dr. John Vought.

The Society then adjourned to meet in October. JOHN VOUGHT, *Secretary.*

Careless Prescribing.

A physician in New York city lately wrote the following prescription for a lady:—

R. Hydrargyri chloridi,	gr.vj	
Pulveris opii,	gr.j	M.

Sig.—For one dose.

The druggist's clerk put up six grains of corrosive sublimate and one grain of powdered opium. The patient swallowed it, and only by very prompt measures and after great suffering escaped with her life. The physician told a reporter that he had never written otherwise for these drugs, and that the prescription was correct. Such carelessness or ignorance cannot be too severely condemned. The word *mite* or *corrosivum* is directed to be added, to distinguish the mercuric chlorides, and to omit them is unpardonable negligence.

The Cholera.

Our Consul General at Calcutta has informed the State Department of the sudden death, from cholera, of Captain Henry Small and his sister, chief officer Dyer, and three seamen of the American bark Edmund Phinney, at Akyab, on the 25th of March. In the district around Chittagong, and the islands along the coast, ravaged by the great storm wave of October 31st, 1876, the decomposition of the multitudes

of human beings and cattle which perished at that time has caused a serious outbreak of cholera, and pestilential fevers. More than 50,000 persons have died of the cholera alone.

Rumors have reach Western Europe that the Russian forces operating in Asia Minor, and the lower Danube have been threatened with cholera, and it is by no means improbable that one of the results of the war in the East will be the rapid extension of the pestilence toward the Atlantic Ocean.

Stimulants Used by the Race.

It is estimated that coffee, both beans and leaves, is drunk by sixty millions of the human family. Tea of all kinds is used by five hundred millions, and opium by four hundred millions; alcohol, in its various forms, by five hundred millions of the human race. Tobacco is probably used by seven or eight hundred millions. These startling facts indicate a large proportion of the race using some substances that are either stimulants or narcotics. The work of the physiologist, in the future, will be to determine the true place in nature of these substances, and indicate where their use ends and abuse begins.

Personal.

—Dr. William A. Newell, Jr., son of ex-Governer William A. Newell, M. D., of New Jersey, has located at Allentown, N. J., his father's home.

—Prof. Leidy has been created Dean of the Faculty of the Medical Department of the University of Pennsylvania in place of Prof. Rogers, who has been called to the Jefferson.

—Dr. D. A. Hengst, senior assistant physician to the Western Pennsylvania Hospital for the Insane, at Dixmont, Pa., has, after nearly four years of service, resigned his position, to engage in private practice.

Items.

—The following gentlemen were elected officers of the McDowell Medical Society, a district association, embracing ten counties in Western Kentucky:—President—J. W. Pritchett, Madisonville; 1st Vice President—O. L. Drake, Webster Co.; 2d Vice President—W. B. Miller, Muhlenburg Co.; 3d Vice President—Amos Davis, Daviess Co.; Recording Secretary—Arch. Dixon, Henderson; Corresponding Secretary—J. D. Collins, Henderson; Treasurer—James H. Letcher, Henderson.

—The plague has appeared in Bagdad, and the cholera is at the Persian frontier. Its invasion of Europe is rendered more imminent by the Turco-Russian war.

—Robinson Crusoe was written by DeFoe several years after he had had an apoplectic stroke.

—On the anniversary of his eightieth birthday, the Emperor of Germany presented his body physician, Dr. Lauer, with 150,000 marks.

QUERIES AND REPLIES.

Ptyalism.

Ed. Reporter:—I have a patient, a lady, aged twenty-eight, married, mother of two children, weighs about 110, below medium height, who has been troubled with spontaneous ptyalism for nearly two years past. It is believed to have originated from a mercurial ptyalism some two years since, but did not immediately follow it. Health otherwise good: complains some of a numbness over region of the spleen and sometimes extending to left arm. Opiates, chlorate of potassa, iodide of potassium and bicarbonate of potassium (the two latter have given the most relief of all) and numerous other remedies, have been tried by myself and other physicians, with no satisfactory results. Will your readers give me the benefit of their experience in this disease. I can find little written on the subject. E. B.

Iowa.

Dr. C. S. W., of Mass.—Bernard & Huett's Surgery, bound, will cost ten or twelve dollars. Cannot say certainly which.

MARRIAGES.

French—Runyon.—April 26th, at the Fourth Street Christian Church, Covington, Ky., by the Elder James Challen, assisted by the pastor, S. M. Jefferson, Dr. James C. French, and Miss Sue A. Runyon.

Gilmer-Johnson.—On the 14th instant, at the residence of the Rev. Benjamin Watson, D. D., Allen D. Gilmer, M. D., of Mount Airy, N. C., and Anne M. Johnson, of this city, daughter of the late Luke M. and Anna P. Johnson.

Ingraham—Reeh.—On the 19th of April, at the residence of the bride's parents, by Rev. W. M. Gilbert, of Frankford, S. Cook Ingraham, M. D., of Philadelphia, and Lizzie C. Reeh, of Roxborough, 21st Ward.

Rosenzi—Hyams.—On April 18th, at the residence of the bride's parents, 350 Race street, by Rev. Dr. Lilienthal, Dr. Eurico Rosenzi, and Miss Isabella Hyams, all of this city.

Thimme—Harker.—On Tuesday, May 15th, by Mayor Stokley, Dr. Charles H. Thimme, of Berlin, Prussia, and Emma Rene W., daughter of the late John Newton Harker, of Wilmington, Del.

DEATHS.

Glass.—In New York, on Monday, May 7th, 1877, at No. 325 Lexington avenue, R. George Glass, M. D., in the twenty fifth year of his age, son of John and Isabella Glass.

Gregory.—On Tuesday, May 1st, at his late residence, No. 174 East 127th street, New York, Harvey H. Gregory, M. D.

Leonard.—In Hinsdale, N. H., April 9th, Dolly, daughter of Dr. W. S. and M. Leonard, aged two years and eight months.

Lynd.—At 10 minutes of 10 o'clock P. M., on the 20th ultimo, after a short illness of four days, Dr. Robert R. Lynd, in the forty-eighth year of his age.

Polk.—At Demopolis, Ala., on Sunday, the 29th ultimo, of diphtheria, Leon, eldest child of Dr. William M. and Ida Lyon Polk, of this city, in the ninth year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

NELATON'S METHOD OF RESUSCITATION FROM CHLOROFORM NARCOSIS USED IN THE ASPHYXIA, OR APPARENT DEATH OF, NEW-BORN INFANTS.

Read before the Northwest Missouri Medical Society, April 5th, 1877,

BY C. W. SPICER, M. D.

Nélaton taught that death from chloroform is due to syncope or cerebral anemia, and to prove his position, cites several cases of apparent death from chloroform, or chloroform and ether, which recovered by the use of the reversed or semi-reversed vertical position, with artificial respiration. A graphic description of some of his cases was read at the forty-second annual meeting of the British Medical Association, by J. Marion Sims, for which see Medical and Surgical Reporter, vol. 31, page 244. While reading it, it occurred to me that this treatment was applicable to the treatment of the asphyxia of new-born infants, where it resisted the usual remedial measure, such as hot and cold baths, frictions, etc., and I would, had I the opportunity, try it on recent cases of drowning, hanging, or others of like nature. I had not long to wait before Case 1 presented.

March 14th, 1876, at 7 P. M., I was called to visit Mrs. J. B., who lives four miles in the country, and who was supposed to be in her second confinement. When I arrived she had been in labor two or three hours, the presentation had been of the lower extremities, and the head only was within the pelvis. The women in attendance said she had been in that condition for an hour, and that for forty minutes there had been no pulsations in the cord, or other sign of life in the child. As to the time, I think the women were not mistaken, as they impatiently watched the clock and awaited my arrival. I immediately delivered the head, separating the cord, and found I had a large, well formed, and apparently dead child to resuscitate, if possible. I first used hot baths, friction, spanks, spats, etc., for ten or fifteen minutes, without success. I then concluded to try the Nélaton method. I inverted the child, suspending it by its legs in a nearly perpendicular position, and produced artificial respiration about ten times a minute, each time filling its lungs by a quick puff from myself or an attendant. At the end of one hour and forty minutes from my arrival it first showed a feeble, tremulous motion of the heart; in another ten minutes it first breathed, but it was so irregular and gasping that I supplemented its efforts by artificial respiration, so that the total respirations should be at least six per minute. In about another hour I left the case, it then breathing seventeen times per minute with a labored, crowing inspiration; expiration easy. The subject never nursed, and liquids introduced into its throat seemed to strangle it. It ceased to breathe in about forty-eight hours.

Case 2.—December 13th, 1876, at 6 P. M., was called to visit Mrs. J. M., distance about four miles, who was supposed to be in her fourth confinement. Patient thirty years old and well developed. Previous labors—first had been difficult; patient said it was a cross birth; child was turned and delivered by the feet, and

was dead when born, but she had felt its motions up to time of turning; second confinement, twins; one was dead born; third confinement was natural and easy.

As soon as I entered the room the patient said something was wrong, as the water had broken an hour before, and still the pains did not do any good, although very hard. Patient quiet and not frightened; upon making an examination, found, low in the vagina, the left hand and arm of a child, also a mass of umbilical cord in which I could discover but little if any pulsation. Patient said she had felt its motions within an hour. I immediately pushed up the prolapsed cord and then returned the arm to the uterus, and by internal and external manipulation endeavored to change it to a vertex presentation, and did succeed in getting the vertex over the superior strait, but could or did not retain it there. A hard contraction would put the head in the right iliac region, with the left thoracic wall of the child across the upper strait. After failing in this I turned and delivered by the feet. The child was very large, flabby, and to all appearance dead. I immediatly put it in a hot bath, then used friction for a few minutes, without sign of life. I then reversed it and used artificial respiration.

In about an hour, seeing no sign of life, I directed the attendant to continue the treatment while I extemporized a sphygmograph, by lacing a sliver of wood, thin and light, six or seven inches long, a half inch wide at one end and running to a point at the other. We lay the child upon a table, and putting the wide end of the stick upon the chest wall, over the heart, with a nickel to hold it in place, using a common match laid upon a rib for a fulcrum, within an inch of the wide end, then by holding a piece of fine printed paper opposite the small end of the stick, I could detect a slight tremulous motion of its distal extremity. This stimulated us to renewed efforts. In another hour and forty minutes, or two hours and forty minutes from its birth, it drew its first breath. In a few minutes it was breathing twelve times per minute. It lived about ten hours from this time.

I am of the opinion that death resulted in both cases from injury of lung tissue caused by too forcible inflations of the lungs. The atmospheric pressure was greater than normal. To remedy this, or rather to produce artificial respiration without excessive atmospheric pressure, an apparatus has been invented by M. Waillez, which he calls a spirophore. It was described to the French Academy as a cylinder closed at one end and large enough to contain a body of which it encloses all but the head. A close-fitting diaphragm closes the aperture about the neck; a large air pump is attached, whose cylinder holds four or five gallons. As the handle of the pump is raised the air is abstracted from the cylinder, and of course the normal pressure upon the chest wall or abdomen is removed and the air rushes into the subject's lungs, to fill the vacuum. When the handle is lowered the pressure within the cylinder is greater than without, and the chest walls are made to collapse, which forces the air from the lungs. This may be repeated as long as necessary without much effort or trouble, by hanging the apparatus upon trunnions, like a cannon; either end may be elevated or depressed at the pleasure of the operator, and so keep the vessels of the brain in a condition most favorable to the recovery of each case.

From a medico-legal point, these facts are of importance. Property is often devised to parties conditioned that they give birth to a living child. Property is also left to issue yet unborn; in case that issue is dead-born, it is nil; should it live for only a moment it inherits, and by its death its next of kin inherits.

CASES TREATED BY BILATERAL DIVISION OF THE CERVIX UTERI.

BY R. STANSBURY SUTTON, A.M., M.D.,

Of Pittsburgh, Pa.

Case 1,—In the fall of 1870 I was called to relieve from severe pain Miss L. S. She was menstruating, and the pain was no worse than always accompanied the process. She was a pale, feeble girl, looking prematurely advanced in years, and bore the traces in her face of much suffering. She informed me that eleven days of every month were spent in bed, by reason of this painful menstruation. The pain was met with morphine and chloroform, and a few days after the flow ceased an examination with the speculum was granted. The cervix was long and conical, the os uteri a mere pin-hole; a fine probe was with difficulty introduced through it.

A few days later I introduced into the cervix a thin bit of laminaria; the following morning this was withdrawn, and I slit open the cervix

on both sides with Simpson's uterotome. The lips of the incisions were wedged apart with a bit of cotton saturated with liq. ferri persulph.; this was removed on the following day. The index finger was daily introduced into the cut cervix for a week. The patient left her room on the tenth day. Her next menstruation lasted three days, and was painless. I met this patient four years after the operation, and the relief was still continuing, and her gratitude still fresh. No anæsthetic was given.

Case 2.—In March, 1873, I examined Miss. W., with reference to severe pain at each menstrual epoch. The cervix was long, the canal very narrow, and the uterus itself slightly anteverted. She asserted the fact that she had attacks of neuralgia frequently. These attacks were often confined to the facial nerves. Having given a doubtful prognosis as to the result, I slit up the cervix bilaterally, with Simpson's uterotome; the after-treatment followed was as in Case 1. The first menstruation following the operation was decidedly more comfortable than usual. The next was not so, but more painful. The local application of turpentine allayed the pain. A system of baths was now resorted to in addition to the internal administration of tonics, of which iron was the chief. This was eventually followed by decided relief, but a perfectly comfortable menstruation has not as yet rewarded our efforts. No anæsthetic was given in this case.

Case 3.—In July, 1873, I examined Mrs. C., aged 40 years. She was married; always suffered pain when menstruating. Several years ago had pelvic abscess while submitting to dilatation of the cervix with tents. Her pain, however, compels her to risk treatment again. The cervix is hard and tender, and the os uteri small. Ether was administered by Dr. King. I slit up the cervix with Kuchinmeister's scissors, as high as the vaginal attachment. Beyond this I carried the incision obliquely, gradually becoming more shallow, up to the internal os. The incision was wedged open with a pledget of cotton saturated with a carbolized solution of fluid ext. of matico and glycerine. Twenty-four hours later this was removed, and the treatment, as in Case 1, carried out to the end. This lady remains cured at the present time, and still menstruates.

Case 4.—In December, 1873, Miss R. appeared; cervix conical, canal narrow, menstruation painful. Operated and employed the after-treatment as in Case 3. Menstruation has remained painless with this patient.

Case 5.—In March, 1873, I was applied to by Mrs. G. C. Had been married several years, and never was pregnant. Menstruation painful. The uterus was anteverted considerably, cervix long, canal narrow. Ether was administered by Dr. Boggs. I slit up the cervix as in Case 3; after-treatment the same; no pain occurred at subsequent menstruations, but two years afterward I learned that she had never become pregnant. This patient since died of typhoid fever.

Case 6.—Mrs. M., married ten years, and sterile, sought advice, not because of the latter fact, but because of painful menstruation. An examination revealed a lateral displacement of the uterus, with a conical cervix and pin-hole os. A few days later, in May, 1875, I slit up the cervix to the vaginal attachment with scissors, and after a lapse of a fortnight, dilated the supra-vaginal portion of the cervix with the dilator. This patient has remained entirely comfortable, but has never become pregnant.

Case 7.—Mrs. B., a young married lady, has suffered for several years with painful menstruation. She has discovered what proves, upon examination, to be the membrane thrown off in membranous dysmenorrhœa. From 1869 to the date I now refer to, September, 1876, I tried repeatedly to cure this affection, but failed. Others tried it, and also failed. As a part of her experience, she had a pelvic abscess following the use of a laminaria tent, applied by a friend and accomplished physician. This abscess opened both into the vagina and rectum, producing a recto-vaginal fistula, which I succeeded in curing without an operation. A year after this (September, 1876) her pain was so great on expelling this membrane that I suggested division of the cervix, thus weakening the opposition to the rapid expulsion of the membrane. I performed the operation as in Cases 3, 4 and 5, the ether being given by the husband. This procedure has been followed by great relief; the membrane still forms, but comes away early, and with a great deal less suffering. I commend this point to those dealing with these obstinate cases of membranous dysmenorrhœa with narrow canal.

Case 8.—In the winter of 1875 Miss N. consulted me, on account of severe flooding and great pain at the time of menstruation. An examination revealed a small submucous

fibroid on the anterior wall of the uterus. This and a second one I removed; inflammation of the lining membrane of the cervix narrowed the canal considerably, and the flow was painful and slowly established. In this case division of the cervix with the scissors remedied the difficulty.

Case 9.—Miss L. has always had painful menstruation. In October, 1876, she applied for treatment; the cervix is long, os small. Division was made, with the scissors, of the vaginal portion of the cervix. A fortnight afterward the supra-vaginal portion was dilated with Ellesner's dilator. Complete relief has been the result.

In performing this operation frequently since, in cases yet too recent to report, I have observed some rules which have been advantageous:—

The instruments are carbolized by immersing them in a deep dish full of warm carbolized water; the hands are washed in carbolized water, and if any packing is required to arrest, or provide against hemorrhage, I use a carbolized solution of matico and glycerine, as recommended by Alfred Meadows. Iron is objectionable, but to the former I have found no objection, after using it many times. No difficulty has followed any of these operations, but the patient has, in every instance where the antiseptic method was employed, escaped all discomfort. My rule now, is to only divide the infra-vaginal portion of the cervix, and ten days or a fortnight afterward to freely dilate the supra-vaginal portion with the dilator, first dipped in warm, carbolized water, in which the hands should also be washed, and no speculum should be used.

SALICYLIC ACID AS AN ANTIPERIODIC, AND GENERAL FEBRIFUGE.

BY J. P. THOMAS, M. D.,
Of Pembroke, Ky.

In an article written over a year since, but only recently published in the Richmond and Louisville *Medical Journal*, I suggested salicylic acid as a drug probably possessed of some powers as an antiperiodic.

Since that paper was written, I have tested its properties in this respect so often, without a single failure, that I unhesitatingly place it in this class of remedies, with the rank of equality, if not, in some respects, superiority, to quinine, or any of the alkaloids of cinchona bark.

As purely an antiperiodic in intermittents, I consider it fully equal to quinine; it does not possess any tonic properties, and I doubt very much whether quinine does.

After an extensive experience with salicylic acid as an antipyretic, antiseptic, febrifuge, and especially as an antiperiodic in remittent, intermittent, typho-malarial, and typhoid fevers, for nearly a year, I can, without a doubt as to the correctness of my views, formed as they have been by actual experience, state that salicylic acid possesses several advantages over quinia as an antiperiodic and febrifuge.

It is true that I was induced to try it in intermittents on theoretical grounds; the theory, as explained in the paper before referred to, led me to use it for its supposed anti-fermentative powers, and I can say my expectations as to its beneficial action in the prevention of the propagation and development of the ague poison within the organism, through its anti-fermentative properties, have been more than realized.

Observing so constantly its antipyretic powers, and, I think, its anodyne effects also, in the treatment of acute rheumatism (for it certainly soothes or lessens the pain, while reducing the temperature, in this disease; this may be, however, the result of its sudorific action, which is only equaled by jaborandi), was an additional reason for testing it as an antiperiodic, and more especially as a febrifuge, in these fevers.

The diaphoretic powers of the drug seldom fail to be demonstrated, when administered in the form prescribed by the writer, and the patient is confined to bed. Such, at least, has been my observation in nearly every case in which it has been thus employed, in all the diseases mentioned; and in this section of country subjects of intermittents are never very few; there is generally an abundance of material on which to experiment.

In the paper on "The Cause of the Periodicity of Intermittents," I stated that, after many experiments with various solvents, I found spts. ætheris nit. decidedly the best solvent of quinine. I find it also preferable as a solvent of salicylic acid. In fact, the best for any of the alkaloids, including morphia. Consequently, after its administration in capsules, syrup, mucilage, and in pills, the only vehicle I now employ, is "spts. nitre;" but to dissolve a

sufficient quantity, the nitre must be of full strength.

The following is the usual formula I employ in all cases of remittent fever, and in recent cases of intermittents, as well as in the few cases of typhoid and typho-malarial fever in which I have used it, and found it of decided benefit:—

℞. Salicylic acid, ʒij
Spts. ætheris nit., f.ʒvj M.
Ft. sol.

This sometimes leaves a slight excess of the acid undissolved, as twenty grains to the ounce is the largest amount soluble, any larger quantity being precipitated; and if the nitre is not of full strength, from fifteen to seventeen grains is all that can be held in solution.

Of this solution I direct one tablespoonful every two hours in recent intermittents, commencing twelve hours before a paroxysm; if nearer the period for the appearance of a paroxysm, every hour, or every half-hour. It must be largely diluted with water before taken by the patient. For children under twelve years two teaspoonfuls; infants from one-half to one teaspoonful every hour.

One advantage in the use of the solution is, it may be taken during any stage of an intermittent, or remittent; if taken in the cold stage of an intermittent, the effect, as I think I have frequently observed, is to lessen the fever, and in some instances prevent its development altogether. The acid is administered in remittents every two hours, without regard to the height or stage of the fever.

In typho-malarial fever, continuously, every two or three hours, unless diaphoresis is so excessive as to increase debility, when it is intermitted, the dose lessened, or the intervals between the doses lengthened; often, however, where a decided effect is desired, and an effort made to cut the disease short, it is given every half-hour, or the dose increased from ten to twenty grains every hour, watching closely its effects upon the temperature and circulation.

I think this is the proper course to pursue in uncomplicated typhoid fever. I am inclined to think it will prove, upon trial, one of the most efficient aids in the management of this disease yet suggested. My experience with it, however, in this fever, is too limited to speak confidently of it as a therapeutic agent in its treatment. But salicylic acid does seem to possess three properties, all of which are indicated as being desirable in the treatment of typhoid fever; viz., diaphoretic, antipyretic, and antiseptic.

In the three cases treated with salicylic acid, the effects observed were:—1. Abundant diaphoresis; 2. After a continuance of the acid for several days, in large and often-repeated doses, the temperature fell from three to four degrees, and the pulse invariably decreased in frequency with the fall of the temperature; 3. The delirium, if not violent, was banished, and the patient became rational; if wild and boisterous, it was lessened, rendering the patient easily managed; 4. The diarrhœa was controlled and the fetor removed from the dejections. It is proper to state that this complication was combated in each case with salicin, which may have aided greatly, not only in the arrest of the diarrhœa, but in removing the fetor.

From the well-known antiseptic properties of salicylic acid, reasoning à priori, we should conclude that the danger from bed-sores and other complications dependent upon septicæmic poisoning, as well as the general devitalizing processes set up in the blood, would be lessened by its use.

Though the contagiousness of typhoid fever is yet denied by many, the use of salicylic acid would reasonably diminish the chances of infection, at least from the excreta, the only sources of contagion, as asserted by some able observers. It seemingly, in these cases, had an antiseptic or healing effect upon the intestinal ulceration, as it apparently hastened the cleansing of the tongue.

I am decidedly of the opinion that the duration of the disease was shortened in all three of the cases, probably a week or ten days; in this I may be mistaken; but that they were greatly modified as to the violence of the disease, I cannot be in error.

The majority of typho-malarial cases will yield more promptly to salicylic acid, with the assistance of other remedies, as indicated, to wit, turpentine in occasional alterative doses, with minute doses of calomel and soda, if required, than any other remedy I have yet tried.

In chronic cases of intermittents, after arresting a paroxysm with the use of the formula above presented, always administered in large and frequent doses, I order the following, in doses of one tablespoonful, three times a day;

children, two teaspoonfuls; infants, one teaspoonful, at meals.

℞.	Salicylic acid,	ʒij	
	Spts. ætheris nit.,	f.ʒvj	
	Acidi carbolici,	gtts. xlviij	
	Liq. potassæ arsenitis,	ʒijss	
	Tinct. cinchonæ comp.,	ʒij	M.

By dissolving the acid in the nitre first, and then adding the remainder.

To be continued for a month or longer, with the addition of some ferruginous tonic when indicated. If there is an anæmic condition, or marked debility, requiring the use of quinine for its tonic properties, I give it, or what is better, quinidin, or some preparation of iron, and I prefer the sulphate as the best and most reliable blood tonic.

If there is no special indication for a tonic, I depend upon the above prescriptions alone; and thus far have but once or twice been disappointed, in any case of uncomplicated intermittent fever.

Of course, when required, some hepatic alterative is added to the treatment, and the liver kept active.

I have treated over one hundred cases of intermittents with the solution, and have had only three failures, and they were cases unable to take the acid regularly, on account of its irritation of the gastric mucous membrane, and this irritability of stomach I attribute more to the nitre than the acid.

In an extract from the Edinburgh *Medical Journal*, in The Medical and Surgical Reporter, Dr. Geo. Hunter, in giving his experience with salicylic acid in typhoid fever, describes the acid as a "yellowish white powder with a sweetish taste." This description is not correct; the drug is a white powder, consisting of fine downy crystals, and has an acid taste. The yellowish color may be the result of exposure to light, as I have noticed the solution in nitre, while uniformly colorless and clear, when first prepared, invariably becomes of a dark straw color on standing a while.

I am aware that many writers on salicylic acid attribute to its use a deleterious effect upon the organism, and especially as producing this action in the osseous tissue, causing, in some instances, necrosis of bone; but after a long and free use of it in the diseases enumerated, I have never observed the least injurious effects upon any organ or tissue of the body. Every patient complains of a burning sensation in the fauces immediately on swallowing it, but this lasts only a few minutes.

The same sensation was experienced by the writer while taking the remedy for an attack of intermittent fever, which it promptly relieved, unaided by other medication. A few have complained of some soreness of the mouth. The idea of using it as an antiperiodic is original with the writer, and, as stated before, such idea was the result of his fermentative theory of intermittent and remittent fevers.

I have no experience with salicylic acid in neuralgia; but in one case of chills, in a delicate and neuralgic lady, who was at the time suffering with a severe attack of supra-orbital neuralgia, with the administration of the acid only, and the cure of the intermittent, the neuralgia disappeared.

Though a good assistant in the treatment of acute rheumatism, it is a much better antiperiodic than an anti-rheumatic.

To obtain all the beneficial effects of salicylic acid, there is no necessity of giving to infants at the breast the enormous dose of one gramme, or 15⅔ grains, as reported by Professor Abelin, of Stockholm. If we should give an infant only four months old fifteen grains of quinine, would it not produce so much depression as to simulate the symptoms described by him as resulting from such a dose of salicylic acid, and certainly result in death? From one half to one teaspoonful of this solution, which contains only two and a half grains to the teaspoonful, is quite a sufficient dose.

I think this a subject of importance, both to the profession and the general public, as a matter of dollars and cents, aside from its many advantages, especially at this time, when quinine has advanced in price beyond the ability of a large number in the poorer, yet malarious, districts to procure it.

The acid is evidently rapidly eliminated, as proven by its preservative influence upon the urine of those patients who have been taking it for some time.

Change of Name.

Dr. Shelly, of this city, informs us that owing to the fact that a proprietary remedy has been on the market for some time which bears the name Digestin, he has adopted the appellation "Ingluvin," for the preparation from the gizzard of the domestic fowl described in the Medical and Surgical Reporter, February 3d, 1877.

Hospital Reports.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

CLINIC BY DR. WILLIAM H. THOMSON (MARCH 23, 1877),

Professor of Materia Medica and Therapeutics.

Reported for the Medical and Surgical Reporter, by Dr. P. Brynsberg Porter.

Chorea.

Mira D., aged six years. The mother says the child has enjoyed good health until lately. Last autumn she had an attack of scarlet fever, but it seemed to leave no bad effects. On inquiry, we learn that during this attack she had a cough, which was of a dry character, and which lasted about a week.

Some little time since it was noticed that the child's actions were peculiar, and now we find that her gait is uncertain, and that she frequently moves her hands and fingers involuntarily. In addition, the mother tells us that, instead of being of a happy disposition, as formerly, she has now become very cross and peevish; that she seems to have lost her memory to a great extent; and that her speech is noticeably affected, so that she articulates slowly and with difficulty. You at once recognize this as a case of chorea. Now, what is its history? As far as we are able to make out, the child has not experienced any great fright; but the mother says she has long been subject to night-terrors, which is not an uncommon thing in children of her age. Sometimes she wakes up in the night crying, and on these occasions she can be easily pacified, and always understands what is said to her. She has never had rheumatism, as far as known.

Chorea, as you know, is an affection which varies infinitely in its character and manifestations; and in any case of it that presents itself we should always try to get at the probable cause, if possible. As a rule, one side of the body is more affected than the other. In light cases, perhaps only the facial muscles may be involved, but even then there is a difference between the two sides of the face. When only one side of the body is affected, the chorea is less severe, and the nervous derangement can be referred simply to the spinal cord; but in the more serious cases both sides are concerned, and the disease has a cerebral origin.

Now, as to the pathology of this affection. Some authorities regard it, primarily, as always a cardiac complaint, and explain its manifestations as due to minute emboli, which are washed from the heart, through the circulation, to the base of the brain, and which are too small to cause paralysis.

Well, it happens to be true that in a very large proportion of cases some organic cardiac trouble is found to exist; and rheumatic persons are much more apt to have it than others, which certainly gives some color to the embolism theory.

In the present case, however, I think we can eliminate this causation. Not only has this child not had rheumatism, but we find that her brothers and sisters, her parents and her grandparents, have all been free from it; so that it does not run in the family at all.

On auscultation, we can find nothing wrong about the heart; but one thing in the history of the case may possibly point to former cardiac trouble. You remember that the mother told us that the child had a dry cough during her attack of scarlatina last autumn; and cough is a very rare concomitant of this disease.

Now, what could have happened at that time to give rise to this cough? Possibly an endo-carditis may have existed which has left no lesion of the heart behind. There are three affections which are liable to be complicated by endo-carditis, and I will name them in the order of their likelihood to be so complicated:—(1) rheumatism, (2) scarlatina, (3) measles. Of course, this is pre-eminently the case with rheumatism, but it is not at all uncommon in scarlatina, which may also cause peri-carditis, as well as endo-carditis. The cough without expectoration in this case may have been due to carditis; and thus those who hold to the embolism theory would want no further explanation of the chorea which is now present.

I have called your attention especially to this point, for the reason that cardiac complications in the course of scarlatina are for the most part overlooked. As a rule, the patients are so young that they do not complain of any pain about the heart; and if they do speak of pain at all, generally refer its seat to the stomach. Under these circumstances worms are very apt to be suspected by the medical attendant, and the most serious organic cardiac lesions may be allowed to pass entirely unnoticed. These generally occur in cases of scarlatina that are somewhat protracted (say about the end of the third week), and there is little danger of them when the disease runs its course rapidly. In all long continued cases, therefore, the heart should be carefully examined from time to time.

Another great cause of chorea is fright, and next to cardiac trouble, it is the most common cause. Bear this in mind, because I would not have you treat a case which is due to one of these causes in the same manner as one due to the other. Now, in the present instance we have a distinct history of night-terrors, and if the chorea here so well marked had its origin in fright, it must have been in the fright occasioned by some very bad dream. Such an imagined alarm, as you can readily see, would be as real to a child of this age as an actual fright during its waking hours. Night terrors, I believe, result from mal-nutrition of the brain. Where they occur the food is improper in quality or quantity, or is not properly digested, and, in consequence, there is starvation of the nervous system. In adults such a state of

affairs is very apt to result in epilepsy. Sleep-talking always precedes sleep-walking, and you will find that epileptics have almost invariably been sleep-talkers, and often actual somnambulists. In the worst forms of night terrors there is violent screaming, and it is often extremely difficult to rouse the child to consciousness. This child, the mother says, has always been accustomed to talking in her sleep, and since she has begun to learn to read will repeat over in the night what she has learned during the day. Then, as you have heard before, she has also been subject to night-terrors; and to the fright occasioned by some unusually terrifying dream I think we can safely attribute the chorea.

As you are no doubt aware, the remedies which have been suggested for this affection, and which you will find set down in the books, are simply legion in number. It is the fact, however, that the vast majority of cases get well of themselves; and not infrequently the agent made use of (whatever it may be), gets the credit of having cured the patient, when, in reality, it had nothing whatever to do with the recovery. Another fact to be borne in mind in treating chorea is, that the disease differs very greatly in different individuals. Of the two forms that I have spoken to you of, that due to fright is the more severe, because it is engrafted upon some lack of nutrition in the brain.

There is still another form of chorea to which I would call your attention, the hysterical. This is apt to occur just before the appearance of the menses, and will continue for one, two or three years after they have become established. The patient is found to be in a highly emotional state, and the choreic manifestations are accompanied by weeping and silly laughter. Not infrequently she will pass from a choreic convulsion into a hysterical one. Here the chorea depends, of course, on some derangement of the menstrual function, and the treatment will differ from that pursued in the other forms.

Now the appearance of this child plainly indicates faulty nutrition, and you will notice that she is not developed as she ought to be at that age. She is very anæmic, and the mother tells us that she has been losing flesh. From the condition of the pupils, I would infer that there is mal-nutrition of the brain; and the hesitancy of speech, the impairment of memory, and the peevish temper, also show that the brain is more or less involved. This, then, I should say, was a case of somnambulism turned into chorea as a consequence of severe fright resulting from night-terrors. Having reached such a conclusion, what shall be our treatment? You mention cod-liver oil. Yes, that ought to be of the highest service; and why? Because brain-cells require more fat for their nutrition than any others. In growing children the brain will not infrequently starve the other tissues; for when food is not sufficiently abundant for the wants of the whole bodily organism, the nervous system will thrive on what there is, and grow while the rest of the body is wasting. The fact that such children need fatty food is strikingly shown by the avidity with which they take cod-liver oil, while the mere smell of it is often enough to nauseate their mothers; and this I have seen over and over again.

There is always a taste for fats when they are necessary for the system; and thus it is that in the arctic regions the natives will sometimes swallow a gallon of whale-blubber, the hydrocarbon of which is so essential for the maintenance of their body temperature. Well, what shall we give beside the cod-liver oil? the phosphates, you say. These are certainly indicated, but, unfortunately, there is no way of making them assimilable in the system. On this account the hypophosphites are preferable. Some one mentions bromide of iron, in addition. Yes, a bromide might be of service, and the iron is certainly indicated; but iron in this form is open to the objection of not being digested by the stomach. In choosing a preparation of iron, we should select one that is both assimilable and non-astringent. Such a one is the lactate, and it has the further advantage, that it can be given with quinine, in powder or pill. In the present case, I think it would be advisable to let the child have the three remedies, cod-liver oil, quinine and iron. Therefore we will take of sulphate of quinine and lactate of iron, each twenty grains, and rubbing them up with forty grains of powdered charcoal, divide the whole into twenty powders, of which one is to be given three times a day, in cod liver oil. This medication is not directed against the chorea especially, but against the abnormal condition of the nervous system. For chorea itself, zinc and arsenic are the only two remedies in which I have much confidence. In a patient so much debilitated I should prefer the former, and I shall, therefore, order the sulphate of zinc in gradually increasing doses (from one grain up), until symptoms of nausea are produced. We will ask the mother to bring the child back this day week. I have sometimes seen cases of chorea cured in a week while taking zinc, but, even if we should succeed in curing the chorea by that time in the present instance, I should not consider it by any means a permanent recovery. The general treatment should be continued for at least six or eight months longer; for if the constitutional condition here present is not radically changed, we will very likely have epilepsy, insanity, or other incurable malady, resulting. When you are called, in practice, to the professional care of a family the adult members of which show marked neurotic derangements of any character, you should always strive to fortify and alter the constitutions of the children in it, that the same troubles may be avoided by them when they grow up. Right management is most essential between the ages of two and seven years, for it is during this period that the most rapid growth of the brain and nervous system in general takes place. By the seventh year the brain has attained nearly its full size,

and it is of the utmost importance to the future health of the individual that no seeds of disease should be allowed to find a lodgment there anterior to this time.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY FRANK WOODBURY, M. D.

A Conversational Meeting of the Society was held February 13th, 1877, Dr. Henry H. Smith, President, in the chair. The lecturer of the evening, Dr. Albert H. Smith, read the first part of his paper on "Retarded Dilatation of the Os in Labor," in which he discussed the local causes separately, reserving for a subsequent occasion the constitutional causes of retarded dilatation (to appear hereafter).

Undilated Cervix as a Cause of Delay in Labor—Opium in its Treatment. Intra-uterine Application of Forceps.

Dr. William Goodell endorsed fully the remarks of the lecturer concerning the impropriety, generally, of incising the cervix in retarded dilatation; individually, he had never seen a case that required it, nor had Dr. Hodge; but Barnes must have seen such cases or he would not perform it. His experience entirely coincided with that of the lecturer in regard to the value of opium in these cases of retarded dilatation, even where no other indication demanding opium is present, and when it is not given for its narcotic effect.

Concerning the intra-uterine application of the forceps, he heartily agreed with the lecturer as to the importance of this practice in the class of cases referred to, especially in primipara. In such patients he had seen the cervix curved and distended over the descending head, which pushed the cervix before it into the bony canal of the pelvis. The forceps, intelligently aided by the fingers, can do no possible harm. The vectis may often be brought into play with considerable advantage in these tedious labors.

Dr. William B. Atkinson thought that chloral would have all the advantages of opium in the condition described, without any unpleasant effects. He always gives it the preference, and has used it constantly since 1871. He makes it pleasant by giving it in mixture with syrup of orange peel and mistura acacia. He entirely coincided with the previous speakers in regard to the propriety of introducing the forceps within the uterus.

Dr. William M. Welch inquired whether opium did not diminish uterine contractions, or endanger fetal life?

Dr. A. H. Smith had not found it to do so in ordinary doses, but large amounts might. He quoted a case in which two grains of morphia induced profound narcotism, and arrested labor. He had seen it given in full doses for days at a time, in threatened abortion, without danger to the fœtus. The only contra-indication is idiosyncrasy. He has used it in protracted and enfeebled cases in one-grain doses of opium, repeated as occasion may require. This gives a short rest, and the patient is refreshed before beginning again.

Dr. George Hamilton had noticed that more decided effects are obtained from opium after the patient has been long in labor. Where opium fails in retarded dilatation, he recommended vomiting or purging to relax the tissues.

[Discussion continued April 11th, 1877, when the second part of the paper was read.]

Dr. William Taylor advocated the application of the forceps within the uterus, from his experience of several cases. He referred to a case of retarded labor from undue distention of the uterus by a great quantity of amniotic liquor. He had been able in two cases of posterior vertex presentation to recognize the position before engaging in the superior strait, and, by introducing his hand, had been enabled to change it to an anterior one, and labor had continued in this manner.

Dr. Thomas M. Drysdale agreed with the lecturer in everything except in the praise of the Davis forceps; he preferred Siebold's forceps, which he thought controlled the head better.

Dr. William Goodell, in cases of delay in labor, recommended examination to determine whether the bag of waters bulge during a pain; if so, by rupturing the sac, the apparent rigidity may disappear and labor steadily proceed. If it does not, then chloral and morphia may be resorted to. The waters should not be evacuated too early in labor, and it requires some experience to determine the proper stage to do so; as a rule he is indisposed to early rupture in primipara. Where laceration of the cervix occurs it is generally due to haste, and is generally antero-posterior, being very rarely lateral. The edges of the wound should be subsequently pared and brought together with sutures. In cases of tedious labor where no bag of waters is formed, he recommends inserting the index finger into the uterus, and to sweep it around inside the os, so as to separate the adhesions of the membranes; the bag of waters will then be formed and labor proceed.

Dr. James Collins mentioned a case of tedious labor from a short umbilical cord.

Dr. Atkinson confirmed this remark, and said that the same effect might result from the winding of the cord around some part of the body. In one case he had seen it wound three times around an infant's neck.

Dr. Washington L. Atlee had found in his note-book a number of cases of occlusion of the os as a cause of delayed labor, which he reported to the society, as follows:—

Cases of Delayed Labor from Occlusion of the Os.

"Case 1.—Thursday, September 15th, 1853, 9 P. M., I was called to see Mrs. L., Eighth street, below Coates, in labor with her eighth child. The pains were efficient, and recurred

at proper intervals, but upon examination I could discover no os uteri. I made the most careful search during the presence and absence of pain, but everything was smooth and even. I could distinguish the liquor amnii intervening between the over-stretched cervix and the head of the child. As I had carried with me the proof-sheets of my Prize Essay, I spent about two hours correcting proof before I made another examination. In the meantime the pains became very strong, and during every pain the patient complained of great distress in the region of the fundus of the uterus. An examination now detected no more indications of an os. There was, however, a slight thinning of the uterine tissue in the centre of the convex mass, back toward the sacrum. Matters were becoming very urgent; the distress in the epigastrium increased, and as the superior strait of the pelvis was small in proportion to the size of the child's head, as indicated by the unusual height of the child, I was apprehensive that the walls of the uterus might give way, and the child be lodged in the peritoneal cavity. I accordingly decided to make an opening. To accomplish this I trimmed the nail of my right index finger to a sharp point, and with this safe and efficient instrument I succeeded, during the existence of pains, when the tissue was most tense, in cutting and boring through the most attenuated point. This was fully accomplished in the course of a couple of pains, and so soon as it was done a very rapid dilatation followed. In the course of ten minutes the os was expanded to its full extent, and the membranes soon after broke. The head, however, descended slowly, even with the most energetic pains. It became impacted, the scalp and vulva became tumefied, and at 2 A. M. I applied Siebold's forceps, and delivered a living child, weighing twelve and a half pounds. The cord was four feet long, had in it a loose knot, which had occurred, I think, during parturition.

"About four months before the confinement of this lady she had consulted a celebrated empiric of this city for certain disagreeable feelings. He told her she had falling of the womb, and advised her to introduce and wear a piece of sponge. She did so, and it produced great pain. She removed and introduced it three different times, its removal being always followed by blood. She finally had to discard it. Could the sponge have induced inflammation of the os, which afterward threw off granulations, and in the absence of the periodical discharge coalesced and cicatrized, so as to entirely occlude the opening?

"CASE 2.—Monday, April 4th, 1859, I visited Mrs. T., No. 328 North Twenty-first street. Her time was not up until the first week in May. This morning, however, she had a free discharge of water, but finding her free from pain, I left her without examination, and requested to be sent for when labor set in. About 1 A. M., on Thursday following, I was sent for. After what had occurred on Monday, I was greatly surprised in not finding any os uteri, but a uniform expansion of uterine tissue covering the head of the child. The cul-de-sac of the vagina could be readily traced out all around, but by repeated and most careful examinations, both during and in the absence of pain, I could not discover anything bearing the least resemblance to an opening, or even a sulcus. There was no liquor amnii separating the head from the expanded cervix. The pains becoming more and more severe, I determined to make an opening, and selecting the thinnest point, which was opposite the right sacro-iliac junction, I soon accomplished it in the same way. The dilatation was very rapid, expanding to its full extent with a few pains. The face of the child was front, and as I failed to change it, I applied the forceps and delivered, between 3 and 4 A. M., a premature living child, which cried lustily. It was the sixth child.

"This lady had been treated previously for uterine inflammation, by Dr. J., of this city.

"CASE 3.—About 4 P.M., December 16th, 1860, I was called to see Mrs. D., 1608 North Twelfth street, in labor with her first child, having had pain since 7 A.M., and which had regularly increased in severity. There had not been the least show or discharge. On making an examination, I found that the os was closed, entirely closed, and that when a pain came on, although the cervix became very tense, yet no impression was made upon what I took to be the os. This was a rough spot in the centre of the globular mass. The cul de sac of the vagina was high up, and the expanded cervix projected several inches below it. I ordered an anodyne, and left the patient, requesting to be sent for when needed. Not having been called upon during the night, I visited her at 10 A.M. next day, and found that she had had no respite from pain since, but that it had become more and more severe, so that she was in active labor. As she had no discharge from the vagina, the nurse had not thought proper to summon me. I again made an examination, and found things precisely the same, there being no opening in the uterine sac. There still existed the same rough spot in the centre, where the os should be. The pains, though very strong, made no impression upon it. I now decided to operate upon this spot, with my finger nail, during the existence of pain; and so soon as I cut and bored my way through it, there was an immediate and copious discharge of liquor amnii. It appeared as if the membranes and uterus were sealed together at this point, and so soon as the os was perforated the membranes were also opened. The os now rapidly expanded, and in twenty or thirty minutes to its fullest extent. The anterior fontanelle was front. It was gradually turned back to the second position of Baudeloque, and as the uterus had lost its power, I delivered a living female child, at 12 M., with the forceps.

"CASE 4.—November 4th, 1861, at 8½ A.M., I was called to see Mrs. H., No. 1016 Mount

Vernon street, in labor with her fifth child. The menses left her January 24th, preceding, so that her time was fully up. She had regular periodical pains all night; she complained greatly of the peculiarly distressing character of the pains, being unlike any of her previous labors. During every pain she felt as if she was going to burst in the epigastrum. On examination I found no evidence of parturition in the vagina. It was dry, the os could not be identified, and the parts where it should be were thick and rugous. Besides, the pains produced no tenseness in the pelvic portion of the uterus. She had been troubled with diarrhœa the day before, and thinking the pains might be intestinal instead of uterine, I ordered a dose of castor oil and laudanum. This afforded no relief. The pains and peculiar distress continued day after day until the night of the 8th, when they became so very severe that I was summoned at 1 A. M. of the 9th. I found the parts in the same condition, excepting that the cervix and supposed os were more attenuated, and very slightly tense during pain. The same bursting feeling, with distress in the head, accompanied the return of each pain. After waiting two or three hours I examined her, again, and finding no change I left her for the night. At 9 A. M. of the 10th, on visiting her, I satisfied myself that the whole difficulty depended upon an occluded os. The closed cervix was now stretched over the head of the child, and had become attenuated. A slight circular depression could be recognized by the finger, far back against the sacrum, just below the promontory, but this was sealed up. I deferred still any interference, and visited her again at 1 P. M., and found her in the most extreme distress. Still no change in the pelvis. Believing that the case was becoming very urgent, I determined to open the sac. Selecting the superficial circular depression, I attempted to cut through with my nail, and after a vigorous effort I succeeded. The os opened immediately, to the size of a silver quarter, and very rapidly to its utmost extent. The relief to the patient was also immediate, the distress at the epigastrium disappeared, her head was relieved, she became cheerful and happy, and conscious that her pains were doing good. At 2 P. M., one hour after, she was delivered of a large female child.

"CASE 5.—May 28th, 1864, I was requested to visit Mrs. E., 1516 North Fifteenth street, in labor. She had several children before. Her pains were frequent but trifling. I, however, made an examination, and found the cervix and os thinned out very much, but scarcely made tense by the slight expulsive efforts of the uterus. No open os could be detected, but a ring-like depression was discovered far back against the sacrum. Her calculation had been made from the 12th to the 19th of the month, and I had been sent for on the 13th, she supposing that labor had commenced, but all passed off again. There was no return of pain until the morning of the 28th. The pains continued all day, and there was a slight red discharge. I visited her as above stated, gave her an anodyne and left her for the night or until sent for. Next morning, on the 29th, I called at 10 A. M., and she was in active labor, but the parts were in the same condition, excepting that they were much more tense. With my finger nail I now cut through the closed os during the pressure of a pain, passed the finger into the os and stretched the edge, and almost immediately the os opened to its required extent, and two pains delivered a female child without further difficulty."

He had also seen a case in consultation, where dilatation of the os uteri was prevented by a band or commissure of organized lymph which had formed across the os; this being divided, the labor progressed without further interruption. He also mentioned a case of a very fat woman, with such a pendulous abdomen that it almost touched the floor when she sat on a chair, the uterus being entirely inverted. When he was called he found that she was in labor, and had several pains, but she had a fluttering pulse, and was evidently suffering from concealed hemorrhage. After supporting the uterus by a bandage, he delivered a healthy child by Siebold's forceps, but had to introduce them so far, in order to grasp the head, that the handles were in the vagina.

Dr. Wm. S. Stewart referred to the importance of position as a cause of delayed labor, and due attention to it in treatment. He had a case of very pendulous abdomen, where the bandage was of great assistance. A change of position often accelerates labor. He also reported a case of occlusion of os in a primiparous patient, married seven years. He opened the presenting mass where the cervix was thought to be, and the patient was soon delivered.

Dr. D. M. Barr recommended the bandage in relaxation of abdomen. He confirmed Dr. Taylor's remarks about correcting the presentation. In a case of face presentation he had brought down the occiput with the forceps; in another he had changed a face to a vertex presentation by conjoined manipulation.

Quinia as an Oxytocic.

Dr. William S. Stewart asked the lecturer if he had seen any bad results from quinia. In a case of his own he had heard complaints of bad feelings in the head, from three-grain doses every four hours.

Dr. A. H. Smith had never seen a single bad effect from the administration of the dose recommended at the beginning of labor, but generally gives the bisulphate, on account of greater solubility. In reply to Dr. Taylor, he said that thus far all the efforts he had been able to make to convert a posterior into an anterior vertex presentation had failed, but he had often witnessed a head emerging vertex to the front, which at the superior strait had been a posterior presentation; this he attributed to the spiral character of the pelvic canal.

He was of the opinion that Davis' forceps

had special advantages over Siebold's, for numerous reasons. The oval fenestra give uniform pressure on the child's head, which is grasped as favorably as if with the hands of the operator, and the whole shank of the blade being posterior to the blade gives control over the head that cannot be obtained with European forceps.

Editorial Department.

Periscope.

Oil of Turpentine in Sciatica.

At a meeting of the Medical Society of Edinburgh, Dr. Jamieson read a paper on the uses of the oil of turpentine in sciatica. He regarded cases of sciatica as referable to three classes, viz., 1. Those cases where it was due to peripheral irritation of the sacral plexus, generally in branches near the genital organs; 2. Those cases occurring at the age of tissue degeneration; 3. Those cases dependent on a specific poison, either gouty, syphilitic, etc. In cases due to the cause given under the second head, he had great success with oil of turpentine, viz., in ten out of eleven a cure was effected. The turpentine required to be given in two-drachm doses, with castor oil, mucilage, and cinnamon water, and repeated three or four times. Dr. Young had used turpentine in cases like Dr. Jamieson. In half-drachm and drachm doses, he had found it of no effect. But he would again try it in the way recommended in the paper. The best treatment, so far as he knew, was iodide of potassium pushed to iodism. This was often very effectual in relieving pain. He had got good results—the best results indeed—by the use of acupuncture. In every case, of course, it was important to remember that they had to consider the constitutional state of the patient. In the case of a lady, he had found turpentine in drachm doses of no effect. Benefit was obtained from iodide of potassium in doses varying from four to six grains thrice daily; and, after a three months' stay in England, the pain never returned. He could not say whether the iodide of potassium or change of air had been the cause of cure, but probably both had been of advantage. Dr. C. Muirhead, during the last week or two, had in his wards at the Infirmary three cases of sciatica. In the first case, two drachms of turpentine were administered every second night on three occasions, but no castor oil was given along with it. No effect followed. In Glasgow, where the patient had been previously, almost every remedy except turpentine had been tried. He next injected chloroform in five-minim doses, thus relieving the pain almost immediately, but producing a feeling of numbness not yet gone. He had also in this case used iodide of potassium in twenty-grain doses thrice daily, on the ground that there might have been thickening of the nerve-sheath at the sciatic forearm. The use of acupuncture needles gave him most relief; but he believed the case was one where the sciatica would continue during the man's life. In the second case, a blister was applied over the tendo-Achillis. He had found it of most advantage when applied in this situation, as it was nearer the branches of the nerve than when applied over the gluteus maximus. In the third case, he had used the needles and iodide of potassium with considerable benefit. He wished to allude to the first case, where he had used turpentine. Perhaps, the want of success was due to the non-employment of castor oil along with it.

Treatment of Migraine.

According to M. Hervez, of Chégoin, migraine is an arterial neurosis which takes its origin in the great sympathetic nerve, and its seat is in the nervous filaments which accompany the arteries, whilst it manifests itself in the dilatation of these vessels and in the compression of the brain and other organs it produces. The treatment of migraine consists in combating the tendency to periodicity, the pain and the arterial dilatation. M. Hervez finds the following prescription of essential value in fulfilling those indications. He gives every day one pill containing about one grain of sulphate of quinine, one grain of tannic acid, and a seventy-fifth of a grain of aconitina. The dose may easily be increased to three or four such pills daily.

The Causes of Gout.

Dr. C. R. Drysdale, of London, writes to the British *Medical Journal*:—

One of the most striking facts in the comparative pathology of London and Paris resides in the paucity of cases of gout seen among hospital patients in the latter city. In a visit to the wards of one of the most learned of the Parisian professors, at the Hôpital Neckar, in November last, I was shown by him, as a great curiosity, a case of gout in a man aged about forty-five. Dr. Potain mentioned to me that, although he had long been in charge of large services of medicine in the Hôtel Dieu and elsewhere, this was only the third case of gout he had seen in Parisian hospital wards. I told him that in London gout was rather a common disease among our working men; and a discus-

sion then arose as to the signification of this curious difference between the hospital population of London and Paris. My thesis was, that the use of strong beer and ale was the main cause why our working men are so frequently gouty. I remembered a saying of my teacher, Dr. Garrod, to the effect that there is no truth in medicine better established than the fact that the use of fermented liquor is the most powerful of all the predisposing causes of gout; nay, so powerful, that it may be questioned whether gout would ever have been known to mankind, had such beverages not been indulged in. Wine, strong ale, and porter, I urged, are very potent agents in producing gout. To this Dr. Potain replied that in Paris, where wine is the beverage of the working men, gout is all but unknown. He, therefore, was inclined to think that the greater amount of animal food partaken of by our working men was a truer cause of their oftener suffering from this disease than any other cause connected with alcoholic liquors. This is by no means my experience; but I should be glad to know what any of your learned readers think as to this curious fact, that in Paris, where wine is plentifully consumed, gout is conspicuous by its absence.

Eruption on the Arms, the Result of Infection from a Horse.

Mr. Morrant Baker exhibited to the Clinical Society of London a patient with a rare eruption on both forearms, simulating vaccinia. There were twelve large vesicles on one arm, and seven on the other, besides one on the back of the hand. Excepting their large size, and the comparative absence of local inflammation, there was nothing to distinguish them from vesicles resulting from vaccination. There was no constitutional disturbance, although soon after the eruption first appeared there were pains in the head and limbs, and some feverishness. The patient was a healthy man, twenty-two years old, a groom, who, eleven days before, began to tend a horse suffering from inflammation of the legs and cracked heels. On the following day he noticed on both arms, at a place where the skin was somewhat chapped, several red pimples; and these gradually developed, until they assumed the appearance of mature vaccine vesicles. On the seventh day of the eruption the patient came to St. Bartholomew's Hospital, and was admitted, in order that the case might be watched. No fresh symptoms, however, appeared; and now, on the tenth day, the eruption was subsiding exactly like vaccinia of a similar age. There could be little doubt that the case was one of infection from a horse suffering from the disease which was described by Jenner as the "grease," and which, when transplanted to the cow, developed further, as cow-pox. The patient had been exposed to no other likely source of infection; and the appearance of the disease was identical with that delineated by Jenner, in his work on "The Cow-pox," as produced on a child's arm by inoculation from the hand of a man who had become diseased in consequence of dressing a mare's legs affected by the grease. The patient had been vaccinated in infancy, and bore good scars. A drawing of the disease as it appeared on the seventh day of the eruption was also exhibited.

Cancer of the Rectum Treated by Excision.

The *Lancet* says:—At the Strasburg Medical Society, M. Koeberlé recently gave the particulars of a case of epithelioma of the lower two inches of the rectum, in which he had excised the diseased portion of the gut. The ulceration involved two-thirds of the circumference of the bowel, which was still mobile, and the recto-vaginal septum was unaffected. The case being deemed a very suitable one for excision, M. Koeberlé, after dilatation of the sphincter, and dividing the tissues in the posterior median line, made a circular incision at the margin of the anus, comprising the whole thickness of the coats of the intestine, which was then carefully dissected out of the surrounding cellular tissue, until the limits of the disease had been passed. Care was taken not to injure the peritoneum or vagina. The operation was completed by the removal of the lower segment of the intestine, and the stitching of the healthy part to the anus. No ligatures were found to be necessary, the bleeding from the numerous hemorrhoidal vessels being sufficiently controlled by forceps. Six weeks after the operation, the anus had again become naturally contracted; the motions were regular, and the pain had disappeared. The disease did not recur.

Treatment of Croup by Eucalyptus.

Dr. Walcker (*Gazette Médicale de Strasbourg*, January 1st, 1877) treats pseudo-membranous laryngitis by tincture of eucalyptus globulus. He begins by an emetic of ipecacuanha, of which the dose varies according to age. This emetic is given morning and night, once. He no longer employs tartar emetic in these cases, because it produces too much depression and causes diarrhœa oftener than ipecacuanha. This emetic relieves at the outset the gastric disturbance which ordinarily accompanies croup, calms the fever a little, and gives immediate relief. It can only act in this way, and is incapable of expelling the false membranes. Two hours after the emetic, he gives every hour a teaspoonful of a syrup composed of thirty-eight parts of simple syrup and ten parts of tincture of eucalyptus, for infants. He has given as many as fifteen to twenty teaspoonfuls in the case of a child six years old. When the patient sleeps at night he should not be awakened. At the same time Dr. Walcker gives as food, milk, coffee, eggs, and sopped bread. This alimentation is necessary; for cases of general diphtheritis, or localized croup, occur much oftener in delicate children, with more or less scrofulous and lymphatic temperament and a feeble and delicate constitution, than in full-blooded, strong, and robust children.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Transactions* of the Arkansas State Medical Society for 1875–6 has been received. It contains the proceedings of the newly-organized State Society and scientific communications. It would give us pleasure to be able to point out many interesting features of the volume, but our space will not permit. We congratulate our Arkansas brethren on starting out with such favorable signs of success.

——*Dr. Seguin's Prescription and Clinical Record* is valuable to all busy physicians. It contains 100 pages, and its object, as stated in the preface, is to substitute more and more positivism for conjecture in diagnosis and prognosis, to record the signs of disease on the spot, to enable a physician to continue with perfect knowledge the treatment of a confrère absent or sick; to habituate families to keep records of health of every child and adult; to generalize the use of the numerical method of observation.

——*Bedside Notes*, by the same author, is a convenient and valuable book. It is arranged so as to tabulate the symptoms and functions corresponding by day and septenary, with the movement of the vital signs traced on the graphic.

——*Diphtheria Epidemic of* 1876–77, (San Francisco), by James F. Sullivan, M. D. "Within the last nine months," the preface says, "over seven hundred deaths have occurred in San Francisco, from Diphtheria alone." It is estimated that fifteen cases out of a hundred proved fatal, thus showing that there were about 5000 cases of the disease during that time. This pamphlet records the result of careful observation of the disease for a series of years, and especially during this epidemic. In regard to pathology, parasite fungi, generated as the result of bad drainage, dampness, etc., is considered to be the cause. The treatment, as might be expected, is therefore largely directed to "a local disease in the throat." The constitutional symptoms are the result of the disease being distributed from this centre throughout the system. The nitrate of silver is the choice, as it destroys the fungus as rapidly as it is produced. The general treatment consists of chlorate of potash, tincture of iron, careful alimentation, and early and free stimulation.

——"*Two Cases of Morphœa*," by L. Duncan Buckley, A.M., M.D.. G. P. Putnam's Sons, New York. A very interesting paper on this rare form of skin disease. The etiology and treatment are doubtful. Further contributions of carefully studied cases are urged.

BOOK NOTICES.

How to Use the Ophthalmoscope. Being Elementary Instructions in Ophthalmoscopy. Arranged for the use of students, with thirty-five illustrations, by Edgar A. Browne, Surgeon to the Liverpool Eye and Ear Infirmary. Cloth, 8vo. H. C. Lea.

The book is arranged upon the idea that a "student who desires to use the ophthalmoscope to good purpose must acquire some knowledge of the optical principles upon which it is constructed—the knack of using the instrument, and the power of interpreting what is seen." Accordingly, the first section treats of "Optical Principles." The laws of light are clearly explained, and the type is large and clear, so that the appearance of not only this section, but of the entire volume, is very attractive.

Section 2 considers the best kind of instrument for a student's use. Liebriech's small ophthalmoscope is thought to be the best for learners. Careful explanations are now given of the manner of carrying on an examination.

Section 3 details the "Appearances of Healthy Structures." The previous portion of the book teaches "how to see fairly;" this chapter shows the learner "what to see."

Appearances of Disease and Structural Defects, constitute the concluding section. Directions are given how to examine for each portion of the eye. The book is not intended for instruction in the diagnostic and etiological value of symptoms, and for detailed accounts of actual disease. The author has simply attempted to teach the student "to acquire the form of determining the actual condition of each structure, without help from rational symptoms, or consideration of the concomitant changes in other parts of the eyeball." We congratulate the author in so successfully accomplishing his object, and recommend the book to all students interested in this particular line of study.

THE

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SHALL COUNTRY HOUSES HAVE CELLARS?

The editorial in the Reporter, on domestic architecture in its sanitary relations, has brought us several letters on the subject, one of which, by Dr. A. Haddon, of New York, broaches the question whether country houses should or should not have cellars. The cellar is a survival of the "hole in the ground" in which our ancestors of the stone age used to hide their valuables. The kind of a cellar most prized in the country is one cool and damp in summer, and comparatively warm in winter. In many portions of the country it has a spring or well in it, or an artificial stream of water is conducted through it, in order to keep the milk cool and the air moist. Vegetables, butter and fruits keep better in such an atmosphere. During the winter the cellar is not ventilated, as the entrance of the outside air would reduce the temperature below the freezing point, and injure the potatoes, apples, carrots, and other products of the garden and farm there stowed. Not unfrequently some of these undergo the dry rot, or are attacked by decomposition in other forms. The air of the cellar penetrates the dwelling and sleeping rooms, and is breathed by the family.

That phthisis may be produced in such an atmosphere, is unquestionable; also, that it aids in developing any constitutional disease that may lie dormant in our system by lowering vitality. It certainly, also, renders the progress of any of the contagious diseases less favorable and more difficult in treatment. It is really an atmosphere that produces the morbid influences which beget such diseases as above named.

Now it must be granted that there are no greater necessities to farmers and gardeners than good cellars. They are as indispensable as barns and granaries. They are places in which vegetables and many other articles of produce can be more conveniently kept, and at less expense than any others. They are the refrigerators in summer, and the conservatories in winter. In well kept and highly valued ones the temperature does not rise higher than fifty degrees Fahrenheit in summer, nor fall below thirty-five degrees in winter, and has always a sufficient degree of moisture to prevent the shrinkage of either vegetables or wooden vessels that may be there stored. The necessity and utility of these parts of the household being settled, the question arises, where shall we locate them and fulfill the conditions, and how shall the under surface of dwellings be made better and more healthy. Dr. Haddon recommends that the apartment be made under some convenient out-house, either the barn, carriage or wood-house; under any of these buildings the convenience can be made as perfect as under the dwelling, and the security against loss and damage of any article stored therein can be as full as one may desire; besides all earth and debris which commonly accompany such articles are kept away from the dwellings, a consideration truly of some merit. The experiment of having cellars located in

this manner has already been tried, and found in every respect satisfactory, but they have not been ruled out from the dwelling and these entirely substituted.

In answer to the question, how are we to better the condition of the under part of the dwelling, and make it more healthy, he urges the plan that the structure be built on the ground, not into it. The foundation should be built of some imperishable material (stone or brick), and laid below the lowest frost line in the earth, and the surface within the foundation be concreted in such a manner that neither moisture can be absorbed, nor insects and animals burrow; raised a little at the centre, so that fluids or any other substances may fall toward the outer lines; the foundation to rise sufficiently high to allow clearing underneath to be easily done; to have openings of large size in all sides, to admit air freely, and allow easy access through to any who have reason to enter. These also to have the means of being securely closed when necessary, either at night, or during inolement seasons.

Any one acquainted with the theories of the eminent hygienist, PETTENKOFER, and the very deteriorating influences he ascribes to "ground air," will see how appropriate and just are Dr. HADDON'S recommendations, and we trust they will not fall unheeded on the attention of the profession.

NOTES AND COMMENTS.

Prevalence of Pus Growths in Hospitals.

Lately, M. Nepveu, head of the laboratory at La Pitié, has presented an account of his researches in this direction to the Biological Society. A square metre of one of the surgical wards having been washed for the first time in two years, the liquid pressed from the sponge was carefully examined immediately afterward. It was found to contain micrococci in great numbers (fifty or sixty in the field of the microscope), some micro-bacteria, a small number of epithelial cells, some pus globules and red globules, and some irregular black masses and ovoid bodies of an unknown nature. Every precaution was taken to prevent error, the sponge being new, and previously washed in distilled water. These facts give some idea of the elements constituting what has been called "nosocomial poison," and enable us to see how the germs of a great number of diseases exist in the air of hospitals, and render them liable to become centres of infection. Although in a lesser degree, the same conditions may prevail in civil practice, especially in winter, when patients are long confined to beds surrounded by curtains and insufficiently ventilated.

Treatment of Gonorrhœa.

Dr. Lober (Lille) has published in the *Bulletin General de Thérapeutique* four observations on the treatment of blenorrhagia with essence of santal and essence menthe, in the following formula:—

℞.	Ess. santal,	grms.iv,l	
	Ess. menthe,	gtt.xij	
	Simple syrup,	grs.lx	M.

To be taken three times a day.

He claims an antispasmodic action for the menthe against the painful erections and acute pain felt in this complaint. Hippocrates pointed out this anaphrodisiac action. Dioscorides denied it, and at the present day it is very problematical. Yet M. Lober, at the conclusion of his paper, says, "The nocturnal erections disappeared immediately upon the administration of the essence of menthe."

Administering Iodine through a Nurse.

Dr. Gemmel, of Birnbaum, relates, in the *Berlin. Klin. Woch.*, the case of a feeble, rickety child, a year and eight months old, to whom it was thought of great importance that iodine should be administered, which, however, in any form tried, had induced vomiting and irregular action of the bowels. It was then resolved to try giving it through the milk of a nurse, and in a few days after she had begun taking it her milk was sufficiently impregnated with it. It was found, also, that a cow's milk could be similarly affected by giving the animal ten grammes of iodide of potassium per diem, for a fortnight. The child, under the use of the nurse's milk, bore the iodide very well, and soon recovered.

Therapeutical Notes.

An exchange gives the following formulæ:—

AN EXCELLENT AND ELEGANT FORMULA FOR PRESCRIBING GALLIC ACID.

℞.	Acidi gallici,	℥j	
	Glycerinæ,	℥j	
	Aquæ bullientis,	℥v.	M.

Sig.—A tablespoonful *pro re nata*.

IN BRONCHITIS OF TYPHOID AND OTHER ADYNAMIC FEVERS.

℞.	Olei terebinthinæ,	♏x–xx	
	Ether sulphurici,	♏xx–xxx	
	Spts. juniperi comp.,	♏xxx	
	Misturæ acaciæ,	℥jss.	M.

Ft. haustus. To be taken every two or three hours.

ASCARIDES VERMICULARIS.

℞.	Tinct. ferri chloridi,	℥ss	
	Aquæ calcis,	Oj.	M.

Ft. injectio. Use one-half at night and the other half in the morning.

Oxide of Zinc in Obstinate Diarrhœa.

Dr. Bonamy, of Nantes, relates, in the *Bull. de Therap.*, some cases confirmatory of the great and speedy utility of oxide of zinc in obstinate diarrhœa that has resisted various other remedies. He employs the formula recommended by Prof. Gubler, who first used the remedy for this purpose, viz., three grammes and a half (fifty-three grains) of the oxide, combined with half a gramme (eight grains) of bicarbonate of soda, and divided into three or four doses, one to be taken every three hours. The addition of the soda prevents the production of vomiting by the zinc.

Treatment of Venereal Disease in Vienna.

A correspondent writes to the *British Medical Journal*, that in the venereal wards of the Vienna hospitals mercury is never given until the secondary symptoms have begun to show themselves. Iodide of potassium does not meet with that amount of consideration which it is generally thought to merit. For the skin eruptions of the secondary stage subcutaneous injections of peptone-mercury are being extensively used, and this preparation is thought to have some influence in combating the severity of the attack; it has the disadvantage of producing, occasionally, a small slough where the syringe is inserted into the skin. On the whole, it is not difficult to imagine that, if some other preparation of mercury were administered by the mouth, the result would be equally good, and the time of the patient considerably saved. For chronic gleets, medicated bougies, composed of gelatine and some one of the astringents, are highly recommended for private patients. The bougie is worm-like in shape, and its whole length is passed down into the urethra, and there it remains until dissolved.

Elimination of Lead in Saturnine Paralysis.

Professor Semmola, of Naples, has recently published an account of six cases of paralysis from lead-poisoning in which he has effected a rapid cure by inducing the elimination of the lead, chiefly in the urine, by the agency of the continued current applied in the region of the ganglionic nervous centres, without any attention being directed to the paralyzed parts themselves. On the second day of treatment lead begins to appear in the urine, and increases in quantity as amendment progresses. In from fifteen to twenty days the blue line on the gums disappeared, and in two or three months the paralysis was entirely cured, without any other means being employed. Prof. Semmola claims this mode of employing electricity in these cases as entirely his own, former applications having been directed to the local stimulation of the nerves and muscles of the paralyzed parts—a procedure that does not enter into his plan of treatment, which entirely consists in increasing the action of the eliminating organs.

Cure for Prickly Heat.

A naval surgeon writes to the *Lancet*:—

I should like to bring before the section of the profession practicing in tropical climates the following powder, as a cure for that troublesome skin disease, "prickly heat." I used to suffer myself dreadfully, and tried all the supposed remedies, without deriving any apparent good. Some, as carbolic acid, appeared to produce intolerable itching at night. Lately I have seen the local application of sulphate of copper recommended. The powder has the following percentage composition: sulphur sub., 80; magnesia oxidi, 15; zinci oxidi, 5. To be used morning and evening, in the following way: The dry powder being on a plate, a wet sponge is pressed down on it, and a certain quantity will adhere; this is firmly rubbed on the parts affected, fresh moisture and powder being from time to time supplied, the application being continued ten to fifteen minutes each

sitting. The parts are then washed clean of the adhering particles. I have never seen the worst cases last beyond four or five days. So complete would the cure be that it would be impossible to say if the person ever had the disease. No smarting attends its use, and after the first application itching is practically at an end. Also in that form of prickly heat resembling urticaria it effects a perfect cure, and the powder used once or twice a week, as described, will keep the skin in a perfect condition. (Med. & Surg. Reporter)

The Forceps in the First Stage of Labor.

Contrary to the old rule, various accoucheurs now employ the forceps during the first stage of labor. Dr. J. G. Swayne, of Bristol, gives several cases in the *British Medical Journal* of April 28th, concluding as follows:—

My experience of the application of the forceps during the first stage of labor is, that the operation, when properly performed, is safe, and often very useful, although seldom imperatively demanded; moreover, that it requires a considerable amount of that *tactus eruditus* which can only be acquired by practice, and, therefore, it should not be performed by any man until he has used the forceps at least a dozen times during the second stage of labor; and I am induced, on the whole, to agree with Dr. Playfair's conclusion, that, "if the os be not fully dilated, but is sufficiently so to admit of the passage of the forceps, the operation, under urgent circumstances, may be quite justifiable, although it must necessarily be a somewhat anxious one."

Ether Spray in Post-partum Hemorrhage.

Dr. W. Handsel Griffiths, in the *Practitioner*, for March, 1877, speaks thus on the important subject of post-partum hemorrhage: Although not an obstetric practitioner, I have recently been consulted in two cases of severe post-partum hemorrhage. In both cases every means had been adopted, but unavailingly. It flashed across my mind in the first case to try the effect of the ether spray, and accordingly I directed a large spray over the abdominal walls, along the spine, and over the genitals; the uterus at once responded, and the cessation of the hemorrhage was almost immediate. In the second case I lost no time in adopting a similar treatment, and with an equally successful result. I have consulted several important obstetric practitioners in Dublin, and am informed by them that they are not aware that this treatment has been heretofore proposed. The advantages of the ether spray over the application of cold water, and the other means usually adopted in these cases must be patent to every practitioner of midwifery.

Correspondence.

A Prescription for Diphtheria.

Ed. Med. and Surg. Reporter:—

On reading the article of Dr. Hamilton, of Nauvoo, Illinois, on Diphtheria, in the Reporter of April 28th, I am led to give a prescription which I have used during the past winter, with results quite different from the experience of Dr. Hamilton.

Since the 11th of last December I have treated twenty-six cases of diphtheria with but a single death; that is, the great majority of them were well-marked cases; three or four were doubtful, or may have been only ulcerative pharyngitis, and about the same number might perhaps be classed as diphtheroid pharyngitis.

The following prescription was relied upon as the most important part of the treatment in all cases except the fatal one.

℞.	Tinct. ferri mur.,	℥ij	
	Potassæ chloratis pulv.,	℥j	
	Glycerinæ pur.,	℥iij	
	Liquor. calcis,	℥vij	M.

Of this, a teaspoonful to a tablespoonful, according to age, was given every hour for twenty-four to forty-eight hours, and in several cases considerably longer, about the quantity given above being used in nearly all the cases, giving the dose less frequently as the symptoms improved. The medicine was well tolerated by the stomach, being rejected only seldom.

The diphtheritic membrane did not invade the larynx in any of my cases, nor was the nose much affected except in three or four cases.

The first case of diphtheria which had appeared in this place for a number of years, to which I was called December 11th, was a girl about four years old. She had been ailing two or three days before I was summoned, and was quite a refractory patient. Although about the same medicines were used as in the foregoing formula, they were not given in the same combination, nor pushed to the same extent. She died on the seventh day of treatment, from blood poisoning.

Nineteen of my cases occurred in a large institution, where the first appearances of disease were carefully watched, treatment promptly adopted, and more thoroughly pursued than would be the case in the majority of private families, most of the patients being between the ages of six and fourteen years. In several cases, in addition to the iron mixture,

sulpho-carbolate of sodium was prescribed during a stage of high fever, a dose every two or three hours, to the extent of six to ten doses. Beef tea, milk, or other suitable liquid nourishment, was insisted upon at least every two hours.

For local treatment I use liquor ferri subsulph. and glycerine, about equal parts, with a soft hair brush of good size, long handle, and quill bent at such an angle as to reach more readily behind the swollen tonsils. Or, a gargle of liquor ferri subsulph, one drachm to about four ounces of water; either the brush or the gargle to be used intermediately between the doses of the iron mixture. Usually the gargle was substituted for the brush after the membrane became somewhat loosened and began to come off. I have had no cause to regret "death hastened by abrasion made with the sponge," and think the use of a sponge probang cannot be too strongly condemned. There were no troublesome sequelæ in my cases, and only slight debility following. Most of them were dismissed cured in three to six days.

I am not disposed to say, or even believe, that my unusually good success, as stated, is entirely due to the treatment adopted, but I do believe that the iron mixture used is a very admirable combination. It makes a perfect and elegant mixture, and the tincture of iron is well borne in large doses thus combined. I attribute great value to the lime water. It modifies the acid of the tincture of iron, so that it may be mixed with milk without coagulation. Lime, I think, was regarded as the best solvent of pseudo-membrane before diphtheria was known, and it has been stated by those who have tried the experiment, that portions of diptheritic membrane will be more readily dissolved in lime-water than in almost anything else.

My object in this communication has been, not so much to discuss the treatment of diphtheria, as to give the formula which has seemed so successful in my hands, in order that others who may think favorably of it may give it a more extended trial. L. D. Morse, M. D.

California.

Texas, from a Professional Outlook.

Ed. Med. and Surg. Reporter:—

As much has been written about Texas from a secular standpoint I would now, by way of diversity, offer the following brief comments upon the peculiarities of the new law "regulating the practice of medicine in this State":—At the last session of the State legislature a law was passed "regulating the practice of medicine in the State of Texas," which provides, first, that no person shall practice medicine, in any of its branches, who has not procured license from a "Board of Medical Examiners," which board consists of three physicians, who are appointed by the Judge of the District Court; the procuring of which license involves the payment of a fee of fifteen dollars to the board, and an examination as to general intelligence and professional ability. The license thus obtained is the evidence required by the Clerk of the District Court that its bearer has complied with the requirements of the law; who then accepts the tender of his diploma for registration, but not otherwise; providing, however, that the bearer had not been practicing medicine in the State for five years preceding the passage of this law, which exempts him from "royal tribute." And, furthermore, that all persons practicing medicine in the State of Texas without license shall be liable to indictment in the penal sum of $50 for the first offence, and of $500 for the second.

Again, and very noteworthy, this remarkable instrument provides for no appeal from the decisions of the board, who are thereby, according to the rendering of the law by the medico-legal commission, endowed with that unlimited discretionary power which might enable an unscrupulous board to annihilate, professionally, the applicant most eminent in social position and in medical and surgical skill, or to issue certificates of qualification to the merest neophytes in medical lore.

In this statement there is so much the more of fact than of fiction, that it will bear a literal rendering. In confirmation of which I will further state, that a certain medical board declared to the writer that they recognized no form of credentials as a guaranty of professional qualification; and that ignoring diplomas, all applicants for license to practice medicine in this State were required to submit to the crucial test of an examination by the "Board of Examiners," for two or more hours, who we must of necessity concede, are alone capable of properly measuring the intelligence and learning of applicants in the various specialties that come before them.

There is great danger in any such law as the one we suffer under, both to the dignity and the purity of the profession, and we trust it will not be held up as a pattern to any other State.

Esculapius.

News and Miscellany.

The Geneva International Medical Congress.

The Committee for organizing this Congress, which is to be held at Geneva from September 9th to 15th of the present year, has just published the regulations which it has adopted. It has decided that the Congress shall consist of seven sections, viz., Medicine, Surgery, Midwifery, and Gynæcology, Public Medicine, Biological Science, Ophthalmology, and the exhibition of New Instruments and Apparatus employed in Medicine, Surgery, Physiology, etc. The complete programme will be published in June, and will be forwarded to all members of the late Congress at Brussels, and to those persons who announce their adhesion

to the forthcoming Congress. All communications should be addressed to M. le Dr. Prévost, 8, Rue Eynard, Geneva.

Supervision of Prostitution in Vienna.

A correspondent writes that females of the *demi-monde* in Vienna are under strict police supervision; no solicitation is allowed in the streets, and none of the women are to be seen in the public thoroughfares alone after dark; twice weekly they must present themselves for medical examination; women of the better class are allowed to choose their own professional attendant, and pay him the requisite fee at each visit, out of their own pocket, and in return receive a certificate, for the truth of which the giver is held responsible. The existence of brothels is not permitted by the State. By these means, venereal diseases among the public prostitutes are kept in abeyance.

High Death-Rates.

The highest annual death-rate of any city in Europe is that of Pesth, with 41 per 1000. Dublin, in March last, counted 40.3 per 1000. Madras, by its last official returns, gave 746 per 1000. A fearful mortality. Cholera and small-pox were the chief factors.

Personal.

—Dr. A. A. Howell, of Allentown, New Jersey, has entirely recovered from his late severe sickness, and has resumed the duties of his profession.

—The French medical papers contain the obituary of a rising member of the profession, M. Anthelme Richeraud, son of Baron de Richeraud, a name celebrated in the annals of French Surgery. He died at the early age of twenty-seven, from meningitis.

—Mr. King, medical attendant on the late Miss Martineau, states that the practice of opium-taking had become habitual, to the extent of from twelve to fifteen grains daily. There was frequent bleeding from hemorrhoids, on each occasion of which her health was much reduced. Œdema of the legs ensued, and she gradually sank. At the post-mortem examination, Mr. King found a pear-shaped tumor, which measured about eleven inches in its broadest diameter, occupying the lower two-thirds of the abdomen; it was hard, and its surface smooth; it was attached by a pedicle formed by the left broad ligament. The tumor contained about half a pint of brown fluid; it was otherwise composed of a mass of light grayish-brown material studded with lardaceous masses. The liver and abdominal contents generally were displaced upward, toward the thorax, by the tumor; the liver and the kidneys appeared normal. The uterus was small and unaffected. The thorax was not opened.

—We learn that Dr. Osgood, lecturer on Symptomatology in Jefferson Medical College, expects to remove to Boston.

—Sir Thomas Watson, M D., though now in his 86th year, continues to write for the scientific and literary journals with all his wonted grace and force of style.

—M. Carrère has just died of diphtheria, at the early age of thirty-one. He makes the fifth doctor who has died in Paris within a short time, from the same disease.

—Having achieved a foremost place in ophthalmology, and won laurels in music and in sculpture, M. Liebreich is now devoting the scanty leisure of his rare genius to painting.

—Professor Balfour has resigned the office of Dean of the Medical Faculty in the University of Edinburgh, which he has held for upwards of thirty years. This step has not been rendered necessary by any failure of health or power, but by the increasing demands made upon his time and energy by his enormous botanical class, which, like his botanical text-book, is the largest in the world, numbering above three hundred students.

Items.

—The famous prima donna, Miss Nilsson, has given $10,000 in cash and a concert, which yielded $7500 more, to the Institution for Trained Nurses, London.

—In the ten years, 1865–75, the deaths from hydrophobia in England and Wales were 334. Only one death from the disease, in this decade, is reported from Scotland.

—Holding that smoking among boys is pernicious to their health, the Paris Society for Suppressing the Abuse of Tobacco has prepared a petition, to be presented to Parliament, asking them to prohibit youths under sixteen from using the weed in public places.

QUERIES AND REPLIES

Ophthalmia.

In the case of tarsal ophthalmia cited by "L" in your issue of the 19th instant, I would suggest the following:—

R.	Hydrargyri oxidi rubri,	drachm ij
	Zinci sub carbonati (crude),	drachm ss
	Camphoræ,	grs.x
	Pulveris opii,	grs.viij
	Adipis,	ounce j. M.

Triturate the camphor in sulphuric ether, and evaporate to dryness before mixing with the other ingredients.

Sig.—Apply lightly to eyelids, once or twice daily, with a camel's hair pencil.

The above formula, taken from a note-book of Professor Pancoast's clinics of thirty years ago, has been used in a number of instances, and found to be highly efficacious. H. M. S.

Rochester, Pa.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

LECTURE.

OCCURRENCE OF ENDOCARDITIS, WITH HEART CLOT, IN MALIGNANT SCARLATINA.

BY PROF. WILLIAM PEPPER.

Reported by SAMUEL M. MILLER, M.D.

W. J., 32 months old, was suddenly seized at noon, on May 18th, with violent fever. He seemed as well as usual at breakfast, but soon afterward grew listless. There was no other prodrome. I saw him three hours after the attack; he was then dull and quiet, though conscious. The skin was intensely hot, without rash, though the mother said that there had been slight transient flushing of parts of the surface immediately after the attack. There was no sore throat; the tongue was moist and covered with light, whitish fur; occasionally there was twitching of the hands. The breathing was frequent; the pulse 150; there was no cough and no physical sign of lung trouble. On careful examination of the heart, a soft but distinct systolic murmur was heard, most intense over the middle of the heart and toward the apex, but not transferred up along the aorta, or pulmonary artery. It resembled a soft sawing sound. There was no pericardial friction, though evident præcordial tenderness existed. There was no vomiting; the bowels were moved in the morning. A blister an inch square was applied over the base of the heart, and the child was ordered—

℞.	Tinc. digitalis	gtt.iij	
	Potas. acetat.,	gr.v	
	Liq. potas. citrat.,	f.3j.	M.

Fiat. sol. Sig.—Take every four hours.

The night passed comfortably, and the following morning he was easier; the pulse was 125, and less frequently excited. The murmur over the heart was stronger, but there was no friction or effusion. Temperature was 101°. There was no rash and no swelling of the glands of the neck, nor signs of articular rheumatism. By noon the temperature increased to 104°, the pulse to 150; great restlessness came on, with frequent startings and twitchings. There was delirium, and sleep was disturbed by frightful dreams, so that he awoke screaming that he was falling, etc. I now ordered brom. ammon., gr.v, q.t.h. At 4 P. M. a violent convulsion limited to the right side occurred, lasting several minutes, and followed by intense cyanosis and coma, from which a reaction was induced with difficulty. In the evening he was much exhausted; the surface was moist, the extremities tending to become cool; the pulse was 120 and labored, the cardiac murmur was less distinct. He was scarcely conscious, and lay dozing, occasionally waking up with partially developed convulsions, which now affected the muscles of both sides of the body, the face, and both eyes, though still more marked on the right side. The mixture of bromide of ammonium and digitalis was given every three hours; quiniæ sulph., one grain every four hours, was ordered; a teaspoonful of brandy every hour and a half, with milk, uncooked white of egg, and beef tea for nourishment; a small blister was applied over the heart, and kept on an hour and a half. Toward midnight he grew more restless, fever again became high, the pulse rose to 150, and the temperature ran up to at least 104°,

but under the influence of doses of digitalis, increased to four drops, it subsided, and on Monday morning he was again somewhat better. The pulse was 120, the murmur not so strong, but of the same character, and the action of the heart less distinct and excited. The head, body and legs were warm and slightly moist, but the hands and arms up to the elbow were very cold and white. He was quite conscious, swallowed easily, and had no sore throat; the stomach was retentive, the bowels quiet and the urine free. He slept quietly during the day, and the bromide was omitted. The calomel powders he had taken previous to the convulsions were now discontinued. The quinia and digitalis were continued. Toward evening, a slight swelling appeared on each side of his neck, and he passed a very restless night; on Tuesday morning there was the same intense coldness of the hands and forearm, the pulse from 130–140, heart sounds less distinct, and no effusion. Brawny infiltration of subcutaneous tissue on both sides of the neck was increasing. The throat was swollen and a pseudo-membrane beginning to appear. He still swallowed easily. The tongue was thickly coated. He dozed continually, but was still conscious; atomization of lime water was ordered every three hours. The amount of brandy was increased, and a mixture of quiniæ, gr. j., potass. chlorat., gr. ijss., tinct. ferri chl., gr. iv, and tinct, dig., gtt iij., given every three hours. Cracked ice was wrapped round the neck, and mustard plasters applied to the forearms. During the day vomiting occurred, and the pseudo-membrane grew rapidly; the pulse ran up to 156; during the early evening the pupils were dilated to blindness almost. During the night there was some reaction and he grew conscious. The pulse came down to 136, and he remained in about the same condition till 5 A.M. on Wednesday morning, when he sank rapidly and at 6.30 died.

There was no diphtheritic deposit, and no distinctive eruption appeared.

The post-mortem examination was made forty-eight hours after death. The head was not examined. The lungs were found to be healthy; there was no pleural effusion, but a small patch of recent adhesions over the antero-lateral aspect of the right lung. There was no pericarditis or effusion in the pericardial sac. The cavities contained some dark fluid blood, and soft dark clots; but in addition there was an extensive ante-mortem clot, pale, firm, and tightly attached to the wall of the right ventricle by numerous prolongations under and around the trabeculæ, and also extending through the tricuspid valve into the eighth auricle and auricular appendage. The pulmonary artery valves, and the tricuspid valves were healthy, but the clot must have very seriously interfered with the function of the latter for some time before death. The left ventricle was quite firmly contracted, but also contained a smaller mass of ante-mortem clot attached to the mitral leaflets, and extending into the aorta. The aortic valves were slightly fenestrated but healthy. The mitral valve presented evidence of severe acute endocarditis in the form of irregular, thickened, prominent, reddened ridges or lips on the auricular surface of the leaflets, near their free border. This was not divided into distinct and definite points of thickening, but formed a continuous, though somewhat irregular, ridge of infiltrated and thickened tissue. This was more red and injected than the surrounding parts. There was no ulceration, and no projecting filaments, or vegetations, which could have been detached and formed emboli. Microscopic examination showed extreme granular degeneration of the muscular fibrils of the heart's walls, with some proliferation of muscle. The kidneys were not markedly congested, but a microscopic examination showed the epithelium granular, and many of the tubules choked with epithelial debris.

The above case presents many points of great practical value. At first the diagnosis was difficult, and the detection of the mitral murmur suggested the possibility of the case being one of severe rheumatic fever without distinct articular inflammation, but with endocarditis occurring at the outset. It is a fact that rheumatism not rarely presents these peculiarities in children, which so often cause it to be overlooked. It may be added, that the mother stated that on the day before the attack the child seemed to have some slight soreness of the hands, though this was doubtful. It must be remembered, too, that in some cases of rheumatism with very high temperature, grave cerebral symptoms appear; but I have never noticed such symptoms in rheumatic children, and certainly never at so early a period in the case as that at which the nervous symptoms here occurred. The case was, therefore, regarded as one of

malignant scarlatina with severe cardiac complication. The correctness of this was shown by the grave nervous symptoms which supervened; and by the occurrence of severe throat symptoms on the third day; by the rapid fatal ending; and by the post-mortem changes, especially in the kidneys. The absence of rash is, as is well known, not unusual in malignant scarlatina. Another point of great interest in this case, was the existence of carditis and endocarditis at the very earliest stage of the attack of scarlatina. It shows how necessary careful physical exploration is in every case of acute disease. It also illustrates a truth which has been but slowly recognized, that by no means all cases of cardiac disease in children are of rheumatic origin, but that they may owe their development to inflammation of the membranes, or substance of the heart, occurring in connection with some one of the specific fevers, especially variola, diphtheria and scarlatina. This fact explains some cases of heart disease whose origin would have otherwise been obscure; it also reminds us how carefully we should be on the lookout for the occurrence of cardiac complications in the above diseases.

But another question of interest which it suggests is the possibility of there being one group of cases of malignant scarlatina where the violent disturbance of circulation, the absence of rash and early failure of peripheral circulation, and perhaps some of the other grave symptoms, may be associated with a serious affection of the substance or membrane of the heart. It may be suggested that the poisons of rheumatism and scarlatina coexisted in this case, but such a suggestion is altogether untenable. The first attack of convulsions was limited to the right side, and I consequently thought it might be due to minute embolisms at the nerve centres, but the character of the subsequent attacks shows that it should rather be attributed to the poisoned state of the blood, and the intense rapidity of the circulation. It can scarcely be doubted that the lesions of the endocardium also favored the formation of the ante-mortem clot which was found, and which, by interference with the function of the valves, certainly hastened the fatal result. The occurrence of ante-mortem clot in the heart in diphtheria is well known, and constitutes one of the greatest causes of danger in that disease. Particular attention should be called to the positive evidences of endocarditis, and to the marked degeneration of the cardiac fibre caused in so short a time. The treatment was based upon the theory of quieting the nervous excitement, and sustaining the tone of the heart's action. The free use of digitalis seemed, for a time, to produce good effects, but the development of grave throat symptoms, and the formation of heart clot, precipitated death. It will be noted as a point of difference between this and true diphtheria, that no pseudo-membrane formed on the blistered surfaces. The case is valuable as a contribution to the clinical and pathological study of malignant scarlatina.

COMMUNICATIONS.

EXCISION OF THE LOWER END OF THE RECTUM IN CASES OF CANCER.

Read before the Philadelphia County Medical Society, April 11th, 1877,

BY JOHN B. ROBERTS, M. D.

As far back as 1739 Faget successfully removed an inch and a half of the whole circumference of the rectum, and the patient subsequently had control of the function of defecation and the retention of flatus.* The subject was, however, left in abeyance until Lisfranc, in 1826 and 1828, successfully treated three patients by this heroic method; but although he operated on six other cases subsequently the procedure was not so uniformly happy in its termination. Three or four of his patients died, two of them, at least, having pelvic abscess. Dieffenbach† adopted this method of treating cancer of the rectum, and operated on thirty cases, in most of which the disease did not return for many years.

The operation gradually fell into desuetude and became one of the procedures seldom considered, because it had acquired a traditionally bad name. Hence cancer of the rectum was looked upon as inaccessible to surgical interference, and was merely palliated, until the patient, after a few years' suffering, ended a miserable existence, from secondary stricture of the viscus. Of late years, however, attention has again been directed to this method of dealing with carcinoma of the rectum, especially since Billroth's operations have given such excellent results.

A case recently operated on by Dr. R. J.

* Velpeau "Nouv. Elém. de Méd. Opér.," III, 1033.
† "Operative Chirurgie."

Levis, in the Pennsylvania Hospital, seems to show that cancer of the rectum should be treated exactly as malignant disease of other portions of the body; that is, if the case be of rather recent standing and not involving surrounding structures to a great extent, if the patient be in fair general condition, and if he be willing to take the risk of immediate inflammatory results, the surgeon should give him the chance of securing comfort for a few years, even if there be every probability of the final return of the malignant process.

The patient, who was aged 60 years, stated that he had first noticed the existence of some rectal trouble about a year previous to his admission, which occurred December 29th, 1876. The first symptoms were pain and the occasional passage of pus and blood, accompanied by constipation. At times, during this period, he had difficulty in urination, though the desire to micturate was not very frequent. He had never had any form of venereal disease. On making a digital examination, Dr. Levis found a nodulated mass, about 2¼ inches in width, occupying the anterior rectal wall and extending to a limited extent laterally, rather more, it would seem, to the patient's left than to the right. It extended about 2½ inches up the gut, but did not involve the anus, which was free from disease, except that there were a few hemorrhoidal tumors, some of which, according to the patient's account, had been strangulated by a ligature a few weeks previously. It was easy to hook the point of the index finger over the top of the cancerous mass; the posterior wall was free from involvement, and there was no stricture, though, of course, the calibre was slightly lessened by the nodulated thickening of the anterior surface of the cavity of the rectum. The man's lungs, heart and urine appeared normal, and there was no stricture of the urethra.

On January 6th excision of the rectum was done, and the whole cancerous mass removed. After a large metallic bougie had been introduced into the bladder, to serve as a guide to the position of, and to steady the urethra, an incision was made from the base of the scrotum to the coccyx encircling both sides of the anal aperture. The hand of the operator was then introduced behind the bowel, into the hollow of the sacrum, in order to tear the rectum loose from its posterior attachments. By means of the finger and a pair of serrated scissors, Dr. Levis broke up the adhesions all around the rectum to the front, where it was more firmly attached, on account of the disease, to the prostate gland and neck of the bladder. The cancerous gut was next carefully dissected from these parts, exposing to view the prostate and the lower part of the bladder. While this was being done the vessels were carefully ligated as soon as divided, and double sutures passed through the skin into the rectum, above the proposed line of excision. These were not fastened, but left in position, to give perfect control of the parts. When the rectum, including the cancerous portion, had been thus carefully and thoroughly isolated, the gut was drawn forcibly down by seizing the tumor, and the scissors employed to cut through the walls of the bowel; a section of the rectum, three inches in length, was thus excised, leaving behind a perfectly soft and smooth mucous membrane. The sutures were then shotted, and some extra ones applied to keep the gut in position, which was by this means securely stitched to the surrounding integument. The whole operation was completed with the loss of about one fluid ounce of blood, because the ligatures, some half dozen in number, were applied as each vessel was cut, and the operation suspended until the hemorrhage was thus controlled. The wound was then dressed with carbolized oil. The growth was examined microscopically by Dr. Morris Longstreth, pathologist of the hospital, and found to be an epithelioma. The patient reacted perfectly after the operation, and was treated with small doses of stimulants and anodynes and large doses of quinine, until twenty-four hours had elapsed, when he returned to the tonic doses of iron and quinine that he had taken before the operation. His urine had to be removed by catheterization for ten or eleven days, and for a number of days was chocolate-colored, from the admixture of blood. His temperature on the evenings of the second and the fourth days after the operation reached 102° and 101¾°, but afterward steadily declined, reaching 98¼° on the morning of the tenth day; after this time it remained below 100°, with the exception of once, when it attained that height. The wound suppurated pretty freely, without any burrowing of pus, and there was slight tympanites for a few days, but the patient had not sufficient pain to require more than an occasional opiate at night. On the seventh day his bowels were freely opened for

the first time by castor oil, and by the tenth day all the sutures were removed. These, by the way, in many instances had pulled loose long before, so that I doubt whether much is gained by attaching the gut to the integument, which, at least, has the disadvantage of favoring the retention of pus in the ischio rectal space. Fifteen days after the operation the patient was allowed to sit up, and his convalescence from the grave surgical procedure of excision of the rectum was secure.

The condition of the patient on March 1st, 1877, was as follows: The man has habitual constipation, and is obliged to have continual resort to laxatives, to keep the fæces from being retained too long, for then the hardened masses give pain when expelled. To accomplish this, he uses compound rhubarb pills, according to indications, and occasionally employs enemata of soap and water; by this means he has a passage every few days. If the contents of the bowels are very loose after an active purgative, he is apt to soil his clothes, but otherwise he has perfect control of defecation, and even seems to exercise slight control over the escape of flatus. By care he has avoided an involuntary evacuation of fæces for weeks, but the call to stool must be rigidly obeyed. He must stand not upon the order of his going, but go at once.

An examination of the parts shows some contraction at the anus, as would be expected from the cicatricial nature of that orifice; and from the anus to the lower end of the gut the cavity is lined with what has the appearance of mucous membrane. When the finger is introduced, it at times passes into a sort of cul de sac alongside of the inferior end of the rectum, but there is no difficulty in passing directly into the bowel.

The ease with which the operation was performed in this case, the slight inflammatory fever following, the rapid convalescence of the patient, and his excellent health since, without even being troubled with incontinence of fæces, certainly present this operative procedure in a much more favorable light than would be expected. What, then, are proper cases to be submitted to extirpation of the rectum? Lisfranc considered it improper to undertake excision if the index finger could not reach the upper limit of the disease, and if the surrounding tissues were involved in the carcinomatous disease so much as to prevent the surgeon pulling down the intestine after the lower end had been removed.* According to Dieffenbach, it is not to be considered when the patient is exhausted and secondary glandular involvement has occurred.† These contraindications are certainly important, and yet cases are reported which show that these apparently necessary precautions may, at times, be disregarded. Nussbaum has several times excised, along with the rectum, a piece of the bladder as large as a dollar, and the wound has healed, as in cases of lithotomy, without causing a urinary fistule. In 1866 he operated on a case of epithelioma of the rectum of five years' standing, where there was stricture of the bowel and disease of the neighboring viscera. Four inches of the intestine, the prostate gland, the prostatic urethra, and a portion of the neck of the bladder were excised, with perfect recovery for three years, except that the patient was troubled with frequent micturition. This does not seem to have prevented him from being quite comfortable, and at times doing a little work.‡ The suffering attendant upon carcinomatous disease of the anus and rectum, from the chronic constipation, the painful defecation, the continual tenesmus, and the exhausting discharges of pus and blood, render the patient a pitiable object, and almost any risk which promises alleviation is justifiable. There is no disease, unless it be cancerous stricture of the œsophagus, that is at all comparable in mental and physical distress to cancer of the rectum. When the suffering is intense in cases where the adjacent viscera are implicated, Esmarch§ even recommends partial excision, and considers applicable the method of Volkmann and Simon, who scoop out with sharp spoons as much of the heterologous growth as possible. By this method a great portion can be extirpated without the occurrence of hemorrhage, and if cauterization be employed in addition, alleviation can be obtained for a long period, even as in cases of uterine cancer. At any rate, this as a palliative measure is as beneficial as colotomy, and withal is less repulsive to the feelings. If the cancerous disease be developed as a complica-

* Malgaigne's Operative Surgery, American edition, p. 439.

† Operative Chirurgie, II, 707.

‡ Half-yearly Abstract of the Medical Sciences, vol. LI, p. 271, 1870.

§ "Handbuch der Allgemeinen und Speciellen Chirurgie," Von Pitha und Billroth, Bd. III, abt 2, Lief 5 (2), § 187.

tion of old irreducible prolapsed rectum, extirpation, as is readily appreciated, is less difficult, and the prognosis more favorable. Dieffenbach performed such an operation on a man aged 50 years, but though making the above statements, does not give the final results of the case.*

In women the position of the vagina in front of the rectum renders the operation not only less complicated, but more favorable as to prognosis; for the urethra and bladder are not concerned in the extirpation, and the surgeon is better able to determine the extent of the disease, and has also more room to work. The female rectum is, in fact, a much more superficial organ than the male. It is necessary in women, however, to save as much as possible of the vaginal wall, or, if it be removed, to form an artificial septum by proper suturing between the two cavities.

There have been proposed a number of methods of attacking the malignant growth, in order to have as little hemorrhage as is consistent with thorough eradication. Most operators prefer placing the patient in the lithotomy position, though Mandt adopted the knee-elbow posture. Lisfranc operated in the following way: Having encircled the anus by two crescentic incisions, he dissected the bowel loose from surrounding tissues, then split the rectum longitudinally, to expose the parts fully, and excised as much of the cylinder as was necessary. The splitting of the tube was done at the posterior part, in order to avoid the peritoneum and the larger vessels. In females the vagina affords opportunity for introducing the finger in front of the growth, and in males it is well to have a large bougie in the bladder. If the anus is not involved, the external sphincter may be preserved by making a single straight incision from the central tendon of the perineum to the coccyx, dissecting up the skin and the split sphincter on each side, and then extirpating the lower part of the rectum in the ordinary manner. Another method is to form a perineal flap, convex toward the scrotum, and to dissect this and the sphincter backward, over the coccyx. This manœuvre exposes the rectum, which is excised, and afterwards the flap is sutured into its original position.‡ In any of these procedures the hemorrhage may be profuse from the hemorrhoidal, the transverse perineal and the superficial branches of the internal pudic arteries. The cut vessels may be carefully tied as soon a divided, or the galvano-caustic knife, or the écraseur may be employed in the various stages of the extirpation.* The first method was adopted by Dr. Levis in the present case, and was eminently satisfactory, for scarcely one fluid ounce of blood was lost. This is certainly at variance with the usual descriptions of this formidable and so-called bloody operation, though it must be admitted that Pinault often saw the rectum extirpated by Lisfranc, without a single vessel requiring ligation.†

The last step in the operation consists in drawing down the amputated gut, which is done by loosening the cellular tissues, and by the effacement of the normal curves in the viscus, and attaching it to the integument. The sutures will probably tear out, but it perhaps gives a chance for portions to become united, and may thus hasten the cure.

The sequelæ most to be dreaded are pelvic suppuration, phlebitis and peritonitis. Two of Lisfranc's early cases succumbed to the first of these causes, and cases have been recorded of a fatal issue attending the occurrence of phlebitis. Billroth considers the use of many drainage tubes a very important item in the operation, to prevent burrowing of pus. Owing to the proximity of the peritoneum in all cases, and the great danger of wounding it in those instances where the disease is situated high up in the rectum, peritonitis is to be anxiously looked for in every patient, and its advent gives a very foreboding outlook. This membrane passes from the bladder or uterus to the anterior surface of the rectal tube, but the exact distance from the anus at which this takes place must be an indeterminate quantity. Lisfranc, so says Vidal, gave the distance as six inches in woman and four inches in man; while Malgaigne states that two inches for the female and two or three for the male is the proper estimate. Blandin, according to the same authority as above, gives three inches in man and one and a half in woman. Vidal himself measured it in several subjects, and found that the mean was less than two inches, the women being below the men in every instance.‡ Notwithstanding the discrepancy in these measurements, and the low mean at which the distance from the anus to the peritoneal

* Operative Chirurgie, II, 709 711.
† Phila. *Medical Times*, Nov. 15, 1873, p. 103.
* Edinburg *Medical Journal*, March 1871, p. 854.
† Vidal (de Casis) Cancer du Rectum, p. 89.
‡ Cancer du Rectum, p. 82.

investment is put, it seems to be a fact that at least three, if, indeed, not four, inches of the tube can be removed with comparative impunity. The importance, however, of respecting the immediate vicinity of this readily inflamed membrane is seen when it is recalled that Vidal reports a fatal case in which the autopsy showed a hole in the peritoneum large enough to admit three fingers.* On the other hand, Maisonneuve had a case of recovery where the peritoneum was extensively wounded.† The great difference in these measurements depends, I think, on the manner in which they were made. The rectum is a tube that is subject to great distention, and hence does not extend from the anus upward as a perfectly straight, smooth cylinder. Consequently it is easily appreciated that to determine the number of inches that may be excised without wounding the peritoneum, it is necessary to have the tube detached from its surroundings, and to have the reduplications and curves effaced. This is the condition in which the surgeon places the gut by dissection and traction before he cuts it off from its connection with the remainder of the alimentary canal. To determine this point, I have made a number of measurements in the following manner:—

First, having placed the left hand in the peritoneal cavity, I carried my finger-nail to the point where the serous membrane crossed from the bladder or uterus to the anterior wall of the rectum; then I introduced a graduated stick into the anus, and thrust it upward until the end touched the finger-nail. This was done as carefully as possible, to avoid undue pressure. By this means the distance from the bottom of the peritoneal cavity to the verge of the anus was given; but this was not the length of rectum that extended from the lowest point of attachment of the peritoneum to the anus, for that was longer, on account of the folds in the tube. To obtain the latter measurement, I dissected out the rectum, and a piece of the bladder or uterus, with the peritoneum still attached; this was laid upon a table and a graduated ruler pushed into the anus as before. The rectum was then smoothed out upon this, but not rendered tense, and the number of inches noted. The difference was so marked that it surely must be the cause of the great discrepancy between authors as to the number of inches of the rectum that are uncovered by peritoneum in front; posteriorly it makes no difference, because the peritoneum does not come anywhere near the seat of operation.

A table of the results shows that in the eight cases measured the average was $3\frac{1}{8}$ inches.

1.	Male,	21 yrs.	In situ,	$1\frac{1}{2}$ in.	Removed	4 in.
2.	"	28 "	"	2 in.	"	4 in.
3.	"	27 "	"	$1\frac{1}{4}$ in.	"	$3\frac{3}{4}$ in.
4.	"	23 "	"	$1\frac{1}{4}$ in.	"	$3\frac{1}{2}$ in.
5.	"	26 "	"	$1\frac{1}{2}$ in.	"	$3\frac{3}{4}$ in.
6.	"	40 "	"	2 in.	"	$4\frac{1}{4}$ in.
7.	Female,	45 "	"	1 in.	"	$3\frac{1}{2}$ in.
8	"	68 "	"	$1\frac{3}{4}$ in.	"	$3\frac{3}{4}$ in.

The measurements *in situ* are, of course, of less importance, because, when the operation of excision is performed, the rectum is drawn down, and has its folds obliterated. They are given in the table because I believe that the conflicting opinions mentioned above are the result of inaccurate statements as to which method of measuring was adopted.

It is now necessary to discuss the immediate results of the operation of extirpation of the rectum, to consider the subsequent condition of the patient thus deprived of his sphincter muscle, and to obtain some idea of the prognosis in regard to a return of the malignant disease. Lisfranc operated on nine cases, obtaining five cures, three deaths from pelvic cellulitis, phlebitis, etc., and one doubtful result.*

Dieffenbach excised the inferior portion of the rectum no less than thirty times, and reports that not one case died soon after the procedure, but that a large proportion continued well for many years. Billroth is said to have operated sixteen times, out of which number only four died. Indeed, with him extirpation of the rectum is the rule, in the treatment of cancer of that organ.†

Dr. Schmidt, of Leipzig, gives‡ a table of thirty-three cases, collected from various sources, with the following results:—

Cured	20 cases
Improved	2 "
Death	8 "
Return of disease	1 "
Doubtful	2 "
Total	33

If we consider the doubtful cases to have

* Pathologie Externe, v, 229, 230.
† Nélaton's Clinical Surgery (Atlee) p. 566.
* Velpeau, "Nouv. Elém de Méd. Opér.," III. 1033.
* New York *Medical Record*, November 11th, 1876.
‡ Günther's "Blutigen Operationen," IV, I, p. 65.

been fatal ones, this gives a mortality of 30.3 per cent. occurring subsequent to extirpation of the rectum. It is not possible to make any more accurate deduction than this, because the time after operation that each case is reported has much to do with its place in the table, as cured, improved, or returned. That in the majority of instances the malignant process does finally recur, is, I suppose, admitted by all. That a long period of amenity from the torture of cancerous disease of the anus and rectum may be obtained by operative interference, is evinced by the fact that Nussbaum's case, above mentioned, where portions even of adjacent organs were removed, survived three years before being obliged to succumb to the recurrence of the disease. A case of Billroth's lived four years and nine months, and this surgeon examined a case that had been submitted to operation four years previously by Schuh, without finding any trace of return.* Another case of Schuh's lived seven years. These facts certainly speak well for the adoption of the procedure in cases where the disease can be entirely eradicated.

In view of the circumstance that the operations, though numerous on the Continent of Europe, are not all carefully reported, it is impossible to arrive at exact data to determine the average period between the excision and the return of the disease, and in what cases the malignant trouble is truly extirpated forever. Dieffenbach was of the opinion that relapse occurred far less frequently than in cancer of the mamma.† While, on the other hand, Malgaigne says he has seen it occur in many instances, and mentions one patient where it occurred before cicatrization was complete.‡ At any rate, the long periods of survival after the operation, in the cases mentioned above, would seem to show the possibility of relapse being very distant, and it is well known that epithelioma, which is the form usually found, is the most easily eradicated of the varieties of cancer.

The experience in the vast majority of cases where several inches of the bowel have been removed, is that incontinence of fæces does not follow, unless the contents be very fluid. Whether it be because the superior circular fibres of the muscular coat of the rectum act as a subsidiary sphincter, or because in the normal condition the rectum is empty and becomes full only as the desire to go to stool occurs, it matters not; case after case have caused operators almost universally to know that absence of the sphincter ani muscle, and even of three or four inches of the rectal tube, does not necessitate a condition of involuntary evacuation of consistent stools; and in certain instances liquid fæces and even flatus have been under control.

A secondary result which sometimes occurs is cicatricial stricture; but this is a condition quite readily treated by dilatation, and is not by any means such a severe complication as the cancerous constriction likely to be developed if no operative interference had ever been undertaken.

Let us, in conclusion, take a survey of the operation of excision of the rectum as practiced in America. Here we shall find very few data; for though Lisfranc and Dieffenbach operated so frequently in Europe nearly half a century ago, and though rectal cancer is a common affection in this country, yet the operation does not appear to have been accepted as a method of treatment. I have found reported but five instances of extirpation for cancerous disease, and a few cases where a prolapsed rectum has been excised with the knife. The latter procedure, indeed, seemed to be an introduction to the more daring operation of dragging down a diseased rectum from its normal position and cutting off several inches of the tube.

In 1825 J. W. Brite, of Kentucky, excised five or six inches of the rectum in a case of prolapse occurring in a negro child of three years. At the end of five months, after numerous complications, the child is said to have been fat and in perfect health."*

The same operation was recorded in 1832, as performed on a child about six years of age, by J. W. Heustis, of Alabama.†

In this same year Bushe, of New York, was consulted by a man who suffered from cancer of the lower end of the rectum, extending about one inch and a half upward from the anus. He made an elliptical incision around the anal aperture, and removed the diseased portion of gut. There followed slight prolapse, which was, however, supported readily by a sponge

* Esmarch, in v. Pitha, and Billroth, Op. cit.
† Op. cit., p. 714.
‡ Op. cit., 441.

* *Medical Recorder*, Philadelphia, 1826, vol. x, p. 311.
† *American Journal of Medical Sciences*, vol. xi, p. 411.

and elastic bandage, and the patient was able to keep the solid fæces pretty well under control. Seven months later the patient died of what his family called consumption.*

Some time before 1839 Mott, of New York, must have had, at least, two cases, for Velpeau, in speaking of the condition of patients after extirpation of the rectum, says, "those of V. Mott were perfectly restored." Although I have been unable to find the original report of these cases, I consider them authentic, because the above words occur in Mott's American edition of Velpeau.†

In 1868, Alden March, of Albany, removed one and a half inches of a scirrhous rectum from a woman aged 26 years.‡ Six months afterward the case was doing well, and there was apparently no return, for in a letter received by me a short time ago, from Dr. Henry March, son of the operator, the writer says:—"the successful operation (as well as no return of the disease), the case spoken of in Professor Gross' latest edition, was performed by my late father, January 8th, 1868." From this it would seem that there has been no return of the malignant process, or that the patient has died since the operation, of some other trouble. The very day on which Dr. Levis operated on the case forming the basis of this paper, the New York *Medical Record* arrived, containing an account of an almost identical operation in the hands of Dr. C. K. Briddon, of New York.§ The case was that of a mulatto woman, aged 45, in whom the disease extended upward some two and a half inches. The operation was performed in November, 1876, and Dr. Briddon tells me that the patient expresses herself as benefited and relieved of pain and tenesmus. He states that "the cut end of the rectum has retracted nearly two inches, and is contracting, so that, if she lives long enough, she will have stricture; there is a disposition to return of the disease, not in the rectum, but in the cicatrix intervening between the bowel and the perineum." In this case the rectum was freely movable, and the adjacent tissues were not involved, except that there was slight implication of one of the lymphatic glands, which was removed, however, at the time of the operation. The patient had, subsequently, ischio-rectal abscess and phlebitis, has only imperfect control over defecation, and a month and a half ago was still confined to bed. Whether there was any attendant organic disease of other viscera, I know not; but Dr. Briddon, who has had unusual results in cases of colotomy, says he regards the latter as the preferable operation in cases of rectal cancer.

About two weeks ago Dr. Levis operated on a second case, but the issue was not so fortunate. According to the notes of Dr. F. C. Hand, the patient, aged fifty-two years, had a carcinomatous tumor, the size of a small hen egg, situated at the right side of the bowel, which had existed about three months. An incision was first made along the right side of the anus, and the finger introduced to tear up the attachments all around the lower end of the rectum. The incision was then extended around the anus in such a manner as to encircle it, and the operation completed in very much the same manner as in the first case. The section of the tube removed was about one and a half inches. The patient became jaundiced, and died on the fourth day. The autopsy made by Dr. Longstreth showed a slight pneumonic patch in the right lung, considerable lymph and pus in the pelvic cavity, and general peritonitis. The jaundice appeared to be the result of pressure from a few enlarged glands, probably not cancerous, near the common duct. There was no wound found in the peritoneum, the lowest point of which was three-quarters or one inch above the end of the excised bowel.

Summing up, then, we have in America Bushe, Mott, March, Briddon and Levis, who have ventured to perform the operation of extirpation of the rectum, and in only one of the seven cases has death occurred as a consequence of the procedure.

NOTE.—Recently I have been informed that Dr. Briddon's case finally died of pneumonia and pleurisy, and that an examination of the specimen showed the opinion in regard to the return of the disease to be erroneous. I have also become cognizant of three other cases where excision of the rectum was done within a few weeks past, for the removal of cancer of that organ; one in the hands of Dr. Jos. R. Wood, of New York; another by Dr. D. Hayes Agnew,

* Bushe, on "Diseases of the Rectum." New York, 1837, p. 294.

† Velpeau's "Operative Surgery," vol. III, 1138, Mott's edition, of 1847, from Paris edition of 1839, and Günther's "Blutigen Operationen."

‡ *Transactions* of New York State Medical Society, 1868.

§ New York *Medical Record*, January 6th, 1877, p. 12, and "Archives of Clinical Surgery," February, 1877.

of Philadelphia; and the third by Dr. Levis, in San Francisco, whither he was summoned to perform the operation. Dr. Agnew's case died with symptoms of pyæmia, and Dr. Levis' apparently from shock of etherization and operation. Of Dr. Wood's case I know nothing as to result.

An abstract of Dr. Levis' first case was originally published in the *Archives of Clinical Surgery* for February, 1877. J. B. R.

Hospital Reports.

NERVOUS INFIRMARY.

CLINIC OF S. WEIR MITCHELL, M. D., APRIL 6TH, 1877.

Reported Especially for the Medical and Surgical Reporter, by C. C. Vanderbeck, M. D.

Vertigo.

Case 19.—Mr. B., aged forty-five years. This patient is a well-formed man, of a sanguineous temperament, and, although only a servant, possesses more than an average degree of intelligence, having received a fair education at his home in Ireland. He freely confesses that he has had both gonorrhœa and syphilis. The former he has had many times; the latter he contracted while in the United States Army, in 1858. Secondary symptoms did not appear until 1865. At this time he was troubled with sore throat, rupial sores on the skin, rheumatic pains, alopecia and soreness of the ears.

He recovered from these in two years, so that he has had, apparently, no syphilitic symptoms since 1867. Four years ago, after prolonged drinking, he had a severe attack of delirium tremens. He recovered from this in a short time. Two years ago he experienced a second attack of mania-a-potu, which was severe and protracted in its character. In fact, he has never entirely recovered from the effects of this attack, for ever since then he has seen spectra, especially at night, and has also been troubled with vertigo, the last symptom, however, being worse in daytime. The spectra appear every night, and come on the moment the eyes are closed. A curious feature of these cases, and one that is present in this patient, is the fact that opening of the eyes, even if the room be pitchy dark, immediately dissipates the unpleasant images. I have experienced this curious phenomenon in my own person, while recovering from the effects of a narcotic. This man assures me that he has not "touched a drop of liquor for twelve weeks," yet he sees the images just the same as ever. The character of these spectra is very curious, and often varies. Sometimes he sees small animals, such as dogs and cats, passing before him; often he feels as if he were falling from a precipice. The vertigo, as mentioned before, is chiefly a day symptom. It recurs almost daily, and is more apt to be experienced while walking. It is frequently so severe that he is compelled to seek some support. In the lighter forms, the pavement seems to him to be uneven, now ascending, now sloping downward.

On examining the ear, it is found that he has lost hearing in his right ear. He has been suffering with noises, he says, in this ear for nine years. He has no dyspepsia whatever. The bowels are regular. No organic disease of the heart. Eye grounds normal.

This man's case offers much ground for reflection. A distinct history of ulcerative syphilis enables us with little doubt to conclude that it is the cause of the vertigo, since, even if an aural lesion be assigned as its immediate parent, this, too, must be looked upon as of specific origin, both from its character, and because it arose in due course after the specific infection.

For some years I have vainly sought to distinguish the various causes of vertigo by the character of the vertiginous symptoms, but as yet I have had no great success. Now and then, in the journals, I see some effort in the same direction, but I find in none of the descriptions a sure test of the source of the vertigo in the form it assumes. I mentioned, some time ago, that it was very important, as regards the symptom numbness, to get from your patient an accurate definition of what he means when he says, "my leg is numb." Still more important is it to bear this caution in mind when dealing with persons who complain of vertigo, because the most varied feelings are classed together by patients as vertigo. It is described in the dictionaries as a condition in which external objects seem to turn or move before the eyes, but this is far too barren a statement. Clinically regarded, it varies, from a momentary sense of difficulty in preserving equilibrium, to the wildest seeming disturbance in the optical relations of external objects, which may appear to rock or turn, so that the walls swim around in giddy dance, the floor rises, and the patient falls insensible, or partly conscious, and this is a fit of vertigo. The descriptions sometimes fail to state, also, that with nearly all grades of the symptom vertigo there is apt to be some sense of mental confusion, some difficulty as to correlating ideas. In rare cases it is the attempt to use the mind intently which causes giddiness, and then the confusion of thought comes first, and the disturbance of equilibrium follows.

The fit of vertigo often leaves the patient feeble and dazed, and it is quite common, at least in Meniere's vertigo, to see a large flow of limpid water follow the attack.

Severe vertigo is then, as it were, a compound symptom, consisting of a sense of confusion in the head, apparent disturbance of the relations of outside objects, and more or less defect of equilibration. Loss of power to preserve the balance is not alone vertigo, because, in ataxia, and in some cerebellar growths, before they become large, there is difficulty as to equilibration without optical disturbances, sense

of confusion or the alarm so common in true vertigo. To understand vertigo we must, of necessity, consider the means which enable us to preserve our equilibrium, as to which a clear account is given by Ferrier, who makes quite plain that it involves afferent nerves, co-ordinative centres and efferent nerves to those muscles which enable us to preserve the steady upright posture.

Guiding impressions, which direct the muscles through centres below the cerebrum, so as to aid in preserving our balance, reach these centres from the skin and the muscles, so that great loss of tactility, or of the compound impressions called muscular sensations, result in disturbance of equilibrium, but not in true vertigo, which is clinically this and something more.

A second set of impressions, of use in preserving equilibrial status, come through the eye, or rather, habitually through the eyes, because the consensual impressions arising out of double vision and the coördinate movements of the two fields of sight, have, as is well known, much to do in this matter. It is hardly needful to dwell on this point. Certain parts of the ear have, however, the largest share in maintaining our balance, and it seems likely that the semi-circular canals—the part most concerned—although lying within the petrous part of the temporal and receiving nerves from the stem which constitutes the nerve of hearing, may have slight relations, or none, to the sense of audition. When the horizontal canals are cut, the head moves from side to side, and the animal turns on his long axis. When the posterior or lower vertical canals suffer, the head sways back and forward, and the tendency is to fall or turn over backward.

When the upper erect canals are cut, the head moves back and forward, and the tendency is to turn or fall forward.

In pigeons, injury on one side may get well, but when the canals are cut on both sides, there is permanent loss of balance. In some way, then, these little organs appear to be needful to the preservation of equilibrium; and of late some interesting attempts have been made to explain the mechanism of this function. It probably depends on the varying pressure relations of the endo-lymph to the nerve ends which lie in the membranous canals.

The impressions thus made are propagated to the centres, and furnish some of the sensory impressions needed to enable us automatically to preserve our balance. It is to be presumed that when these canals become inflamed morbid impressions arise, which are both excessive and deceptive; usually there is some deafness and subjective noises, all of which aid in diagnosis, but probably most of the vertigoes which we cannot now trace to a cause are due to more delicate disturbances in the canals, and are not associated with marked lack of hearing. I have seen such cases, in which slight degrees of deafness followed after a considerable lapse of time.

Very careful study of the sense of hearing should be made in all cases of vertigo. It is now well known that in disease of the semi-circular canals, sounds communicated to the bones of the head by contact of a watch or a vibrating tuning fork, are less well heard, or not at all heard on the side diseased, and this is the true test of this form of deafness. The outer ear should also be examined with care.

There are in the brain a number of centres, such as the pons, crura cerebri, and cerebelli, cerebellum, etc., direct irritations of which cause staggering gait, but whether in all cases, as it is in some, combined with painful consciousness of such difficulty and mental disturbance, is not fully known. Probably most of the inter-cerebral causes of defective equilibrium are so associated whenever it is severe.

The immediate cause of vertigo is usually considered to be due to a disturbance of the circulation in the centres, and it is, of course, clear that such is very often the case, as in the anæmic vertigoes, where sudden rising to the vertical occasions vertigo, or, as in some vertigoes of congestion. But, in other cases, there is as much reason to suspect that the primary trouble is in a direct influence felt by the ganglion cells in certain centres, and that the circulatory phenomena are incidental and sequent only.

It is well to learn with care if the vertigo be associated with pallor of face or flushing, because, as I have just said, it is certainly in some cases a mere disturbance of vasal conditions, and because at all events, whatever be the cause, the status of normal vascular fullness is observed in one way or another. I have seen cases in which my own test of the effect of inhalations of amyl nitrite was diagnostically valuable. I saw to-day a gentleman who has congestive vertigo, in whom a few inhalations of nitrite of amyl brings on the attack at once.

Perhaps I shall be of some service if I run over in turn the sources to which we may trace vertigo, and for the present cease to consider how far it is primarily a purely vasal phenomenon, and for this our brief references to the sensory aids to equilibrium will be of use.

The number of vertigoes traceable to the eyes are not numerous, but sometimes very slight eye troubles are competent causes. Never neglect this organ when giddiness or neuralgic headaches are to be cured. Sudden alterations in the eyes are very apt to cause vertigo. I have seen this again and again, when one eye was paralyzed by atropia, but this does not last. Oculo-motor insufficiency, occasioning slight squints, may in time cause intense vertigo, with great confusion of head and emesis. Even slight degrees of astigmatism, after a time, and in people who, from some constitutional cause, have become feeble, will also occasion giddiness, but the ocular vertigoes never reach the grade of mischief attained by gastric or aural vertigo. The latter are best known from the form of them now become familiar as Meniere's disease, which is an inflammation of the semi-circular canals.

I saw a few weeks ago a distressing case of this disorder. The patient was a young woman, aged 27, of florid face, and stout of figure. Her father died of consumption, her mother of leucocythemia. A year ago she had intense pain over the left mastoid process; after days of agony an abscess broke through the membrani tympani. Two days of ease followed, and then she began to be giddy. It attacked her in the early morning, somewhat abruptly; suddenly everything seemed in motion, and the bed appeared to be rocking wildly, the room to be turning Her terror was intense, and the nausea and vomiting which soon came on were unmanageable and most distressing. The attack lasted with extreme violence for two weeks, the vertigo never being absent, but at times exaggerated by the least motion, and made terrible by turning on to the left side.

Dr. J. P., aged 28, has never had syphilis, sunstroke, or low fever. Four years ago he had been excessive in study, and became sleepless, nervously excitable by sudden sounds, and somewhat weak and anæmic. While walking, he suddenly felt confused in his head, and began to oscillate from side to side, but had no disturbance of the optical relations of outside objects. There was slight nausea, and in the numerous attacks since, the phenomena have been the same, save that now he has at the outset a sense of shock, which seems to cross the brain from right to left, just in front of the ears. A few days after the first fit he noticed a noise in the left ear, which, by degrees, became slightly deaf. Both of these symptoms remain, and for two years he has noted a large flow of pale urine after the fits. Within three months of the first fit there was established the condition I have described as the status vertiginosus, and it has lasted ever since, there being a constant state of readiness to be giddy. The attacks vary from the least sense of equilibrial loss, with confusion of head, up to grave attacks, in which he would fall if he did not lie down at once. When worst, light, acute sounds, crowds, excitement, mental effort, reading while erect, anxiety, worry, any emotional strain, any sudden excitation of the sensorium, will cause a fit of vertigo. If the stomach be out of order, or if he be costive, and always in the spring, he becomes more liable to the graver fits. I find no heart disease, no renal trouble, no distinct and constant relation between the states of stomach and the attacks. No signs of coarse brain lesions, no notable disturbance of general health. He has noises constantly in the left ear, which is slightly deaf. If the meatus be stopped he cannot hear my watch tick when placed against the left side of the cranial bones, and a tuning fork he hears less well on the left side, when it is pressed on the skull. There is, therefore, every reason to suppose this also a case of labyrinthine vertigo, of which, as well as of some of the other points I have here made, it is a good illustration.

These cases were types of Meniere's vertigo, which is often intractable, and may last for years, or end in death, apparently without obvious brain lesions. Lesser degrees of the disorder, vertigo, are caused by sudden troubles of the middle ear. I have seen two examples due to improper use of the nasal douche, so that irritating fluids found their way into the ear. Inflammation of the outer ear, of the meatus, may also give rise to vertigo. I have seen a bean in the ear occasion it, and, as is well known, the use of injections to cleanse the meatus often causes great want of equilibrium, with confusion of head. Some years ago I saw a physician who, by mistake, threw into his ear a jet of cold water. He instantly staggered to the side of the ear affected and fell on the floor. For an hour or two his head was unsteady, and he had slight nausea. This incident caused me to try the effect of injections of iced water in animals, and I found that in rabbits thus treated the effect on equilibrium was so marked that the disturbance amounted to convulsions. Considering the meatus as merely a sensitive prolongation of the skin surface, this experiment is interesting, since not elsewhere on the cuticle have we any portion of it capable of so promptly responding to sudden cold. It reminded me of the experiments in which I showed, years ago, in birds, that nearly all parts of the skin have fixed relations to certain nerve centres, and that when a portion of the surface is chilled it occasions always definite convulsive phenomena.

(To be Continued.)

Medical Societies.

THE NEW JERSEY STATE MEDICAL SOCIETY.

The 111th meeting of this organization commenced May 22d, at Trenton, the President, Dr. J. V. Schenck, in the chair.

The annual address was upon "The Physician, physically, morally, and mentally considered."

Moral suasion, he claimed, was the greatest weapon to put down the causes of the majority of diseases. Speaking of the health of the past generations, he said that life was now longer than it was three centuries ago. He concluded with a hope that the time would come when death would only come from physical exhaustion, and that the practice of medicine would become a complete science.

Dr. S. Wickes reported that the meteorological condition of the past year was favorable for health. He reviewed the condition of health in the various counties of the State, giving as the most fatal diseases, typhoid fever, variola, rubeola, and diphtheria, and that, as a general thing, there were less than the usual number of cases of malarial, but not of enteric fever; scarlet fever was very severe. In Mercer county there was a general exemption from disease, except scarlatina, typhoid fever, and diphthe-

ria, which have, however, been very severe, and in many cases fatal. In Hightstown, diphtheria was reported as epidemic in 157 families. It was said that the cause was from the stoppage of a stream; 79 cases were said to have been epidemic, and 21 not. Twenty eight per cent. were fatal, and the others recovered. It was reported that twenty-four members of the Society have died, among whom were Drs. C. H. Hodge, and J. McKelway, of Trenton.

It was stated that some steps should be taken to compel a general vaccination. Dr. Lilly stated that it would be better to leave that matter with the State Board of Health, and that that body be requested to call the attention of the Legislature to the necessity of the passage of such a law.

Dr. Oakley, from the Committee on Metric Weights and Measures, reported a preamble and resolution, that,

WHEREAS, The metric system has been adopted as the standard by almost all civilized countries in the world; and whereas all should know it,

Resolved, That this Society petition Congress that after some fixed date they shall make the Metric System of Weights and Measures the sole system of the United States.

Dr. Lilly, from the committee to whom was referred the writ from the Supreme Court, at the suit of B. A. Watson, B. A., read the decision of the Supreme Court in relation to the dual Medical Society of Hudson county, in which it was decided that the Society had a right to elect or decide by a committee who were the members of the Society. Accepted.

Dr. E. M. Hunt, from the committee in reference to memorializing the National Medical Association as to a National Pharmacopœia, suggested that the preparation of the work should be under the direction of the profession, so as to prevent the divorce between pharmacy and the medical profession. Accepted.

Dr. Bayle and Prof. A. D. Noyes, of New York, Dr. Hiram Corson, of Pennsylvania, and Dr. Foster, of Maine, were introduced, each of whom made interesting addresses.

Prof. Lewis A. Sayre, M. D., of New York, and Dr. J. S. Green, of Mercer county, were nominated for membership.

Dr. Wickes called the attention of the Society to the propriety of publishing the old records of the Society, from 1766 to 1800.

Dr. Wm. Pierson moved that the committee have discretionary power as to the printing of the above. Agreed to.

Dr. A. W. Rogers read an elaborately prepared essay on the "Importance of Attention to the Skin in the Prevention and Cure of Disease."

Dr. E. J. Marsh read an essay upon "Autumnal Catarrh." The essay was an exhaustive review of the causes and origin of the hay fever, and developed some alarming facts concerning that disease—that it was a local and not a constitutional disease. He referred to the medicines used for its cure, and said that he did not know that there was any cure for it, except removal from the place where ambrosia, ragweed, etc., was, which caused the disease to grow.

Dr. Phillips offered a resolution that the Society commends the University of Pennsylvania for establishing a graded course of medical education, and increasing the course of study to three years. Adopted.

A resolution calling attention of the State Board of Health to the necessity of taking some steps to prevent the spread of variola was adopted.

Dr. Parrish, of Burlington, presented the following, which were adopted:—

Resolved, That the use of alcohol, opium, and other narcotics is indicative of a pathological condition which demands of the medical profession careful inquiry, both with reference to prevention and treatment.

Resolved, That confirmed inebriety, and especially the common form of alcoholism, is as properly a subject for State interference as insanity or any other form of cerebral disorder.

Resolved, That in the opinion of this Society it is the duty of the State to provide for the custody and treatment of confirmed inebriates in other institutions than those intended for the insane.

Dr. Ryerson presented a resolution that the question of the use of alcohol as food or medicine be submitted to the district societies in the form of questions and answers. Dr. Ryerson was appointed that committee.

The following were elected officers for the ensuing year:—

President—D. B. Baldwin, M. D.
First Vice-President—J. S. Cook, M. D.
Second Vice-President—Dr. E. W. Rogers.
Third Vice-President—A. D. Dougherty.
Recording Secretary—William Pierson, Jr., M. D.
Corresponding Secretary—Wm. Elmer, Jr., M. D.
Treasurer—W. W. L. Phillips, M. D.

It was decided that the next meeting should be held at the Monmouth House, Spring Lake.

The Society then adjourned.

ARKANSAS STATE MEDICAL SOCIETY.

This Society met at Hot Springs May 1st. Eleven county societies were represented by delegates. A variety of regular business was transacted, and several scientific papers presented. At the election of officers the following were chosen: *President*, Dr. A. N. Carrigan, Hempstead County. *First Vice President*, Dr. Pollard, of Washington. *Second Vice President*, Dr. A. A. Horner, of Phillips. *Third Vice President*, Dr. Drake McDowell, of Hot Springs. *Fourth Vice President*, Dr. J. A. Stinson, of Jackson. *Secretary*, Dr. R J. Jennings, of Little Rock. *Assistant Secretary*, Dr. L. R. Gibson, of Little Rock. *Treasurer*, Dr. A. L. Breysacker, of Little Rock. *Librarian*, Dr. T. E. Murrell, of Little Rock.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Case of Pyelo-nephrosis.

A case of this disease was described before the Glasgow Medical Society, by Dr. Gairdner. The patient was a female, aged 37. The chief interest of the case, in respect to diagnosis, arose from the difficulty of arriving at a conclusion as to the source of the pain, which was by far the most prominent symptom on admission, and which might have been either of hepatic origin or connected with the urinary organs, the known seats of organic disease. The great enlargement of the liver was easily detected; and, from its passing far into the left hypochondrium, the splenic dullness could not be distinctly separated from it. The hepatic dullness measured nine and three-quarter inches vertically, in the line of the right nipple, and eight inches in the line of the left nipple. There was distinct tenderness on pressure (explained by the intimate adhesion between the liver and right ureter); and the description given of the pain made it quite impossible, during life, to regard this as otherwise than, in part at least, hepatic.

On the other hand, no distinct nodulation or irregularity could be made out on the surface of the liver; and had the pain been absent, or more clearly referable to the kidney, the diagnosis would have conformed to that of amyloid enlargement of the liver. There was a peculiar sallow complexion, with great emaciation, diarrhœa, vomiting, and an obscure (perhaps fallacious) statement as to past jaundice, and also as to blood having appeared frequently in the vomited matters and in the stools. The urine was throughout highly albuminous, of specific gravity 1014–18, always alkaline, and containing abundant pus, triple phosphates, and oxalate of lime crystals, but, as far as observed, no tube casts. Its quantity could not be estimated, owing to the continuous diarrhœa, which, with the vomiting after food, prostrated the patient very rapidly, and led to death by exhaustion (without any uræmic symptoms) within a fortnight after admission. The temperatures were never febrile, and varied little, if at all, from the normal. There was no evidence of tubercular disease, either in the lungs or elsewhere. It was rather remarkable that, although the history of pain was distinctly referred by the patient to so remote a date as ten years, she had married and had three normal deliveries during the first half of that interval, and had always had regular catamenia since. Viewing the case in the light of the post-mortem examination, there can be no doubt that all the multiplied types of amyloid degeneration observed in the organs were of secondary origin; and that the original disease, determining all the rest, was the chronic suppuration of the right kidney, which had completely destroyed its secreting structure, and thrown the burden of work exclusively on the opposite organ. The only treatment that afforded any relief was the use of milk diet with lime-water, which for a time restrained the diarrhœa.

Pathology of Contagium.

Dr. Braidwood, in a late paper before the Pathological Society of London, stated that in the human being vaccinia and variola were different. In variola, the upper surface of the rete was separated from the lower. Lymph had been exposed to various physical experiments, as exposure to air, water and germicides. In vaccinia, the local changes consisted of corpuscular infiltration of the skin, with corpuscles in the hair follicles and the glands. Elongating corpuscles became fibres. There were no bacteria. First, there was swelling of the true skin, and then the number of corpuscles was increased. He compared bits of human skin with bits from the heifer. There was a separation of the rete Malpighii to form vesicles. On the tenth day agglutination of the rete and corium was effected, and on the nineteenth day the true skin was destroyed and cicatrix had begun to form. The cicatrix was formed by the adhesion of the two layers of the true skin. On the fourth day, in truly variolous human skin, there was corpuscular infiltration of the rete, with the lymph spaces filled with nucleated cells, in which an increase by gemmation could be detected. On the seventh day processes extended from the corium down into the subcutaneous areolar tissue. There were irregular nucleated cells. The corium became matted up. On the seventeenth day the hair follicles and glands were nearly destroyed. In these two diseases the pathological changes were much alike; there was a separation of the true skin, with development of connective tissue and destruction of the skin. If to the lymph water were added, all attempts to inoculate with the upper layer of fluid failed; while revaccination with pure lymph six days later succeeded. The activity of lymph was not due to microzymes developed in it. Exposure to heat of 134° Fahr. did not destroy the activity of lymph; at 139° it began to lose its power, and after 148° Fahr. it was inert. Intense cold, to 100° below the freezing point of mercury, did not affect it. Germicides of various kinds were employed with varying results.

Reviews and Book Notices.

BOOK NOTICES.

The Question of Rest for Women During Menstruation. By Mary Putnam Jacobi, M.D., Professor of Materia Medica in the Woman's Medical College, New York. The Boylston Prize Essay of Harvard University, for 1876. Illustrated. New York, G. P. Putnam's Sons, 1877. Cloth, 8vo., pp. 232. Price $3. For sale by Claxton, Remsen & Haffelfinger, Philada.

This remarkable essay will command the earnest attention of not only physiologists, but those interested in the social advance and higher culture of woman. Based on a wide range of observation, experiment, and new statistics, the accomplished author subjects her material to a searching analysis, and brings forward a series of original propositions, regarding the sexual accidents of woman, admirably stated and ably defended. She finds that nearly one half (46 per cent.) of the women from whom she obtained statistics suffered more or less pain during menstruation. Of course, in a goodly proportion of these, definite pathological conditions accounted for the suffering.

As for the practical conclusion which she reaches, it is expressed in the following words: —"There is nothing in the nature of menstruation to imply the necessity, or even the desirability, of rest (during the menstrual period) for women whose nutrition is really normal." The habit may, indeed, easily become injurious, increasing the hyperæmia above the physiological standard. Pain, however, from organic defect, or from local nutritive disorder, claims rest, and also more efficient interference.

The Cure of Rupture—Reducible and Irreducible—Also of Varicocele and Hydrocele, by New Methods. By George Heaton, M.D., etc. Arranged and edited by J. Henry Davenport, A.M., M.D. Boston, H. O. Houghton & Co., 1877. Cloth, small 8vo, pp. 196. Price $1.50.

This book sets forth the radical treatment of hernia by "the method of tendinous irritation," as it is called. This consists in a mild irritation of those portions of fibrous tissue lying directly in contact with the exterior of the neck of the hernial sac, thickening and consolidating their substance, and effecting a contraction of their openings. The irritant used is an extract of white oak bark, which is introduced into the tissues of the ring by means of appropriate instruments, which are described and figured.

The new method with varicocele consists in ligating the enlarged vein of the cord by silver threads, through openings so minute that the ligatures may be said to be practically subcutaneous. In hydrocele, the author's method is the introduction into the sac of the powder of red precipitate. Properly done, this, he claims, will almost invariably bring about a radical cure.

No doubt the attention of surgeons will be strongly attracted to the claims of these methods. They are presented in full detail, and in temperate language. Certainly they all, especially the treatment of hernia, deserve earnest consideration.

Headaches; Their Nature, Causes and Treatment. By William Henry Day, M.D., etc. Philadelphia, Lindsay and Blakiston, 1877. Small 8vo, pp. 312, cloth. Price $2.00.

There has been a good deal written on the symptom headache of late years, quite as much so as on most diseases. The present author is attending physician to one of the London Hospitals, and doubtless has had a wide clinical experience, and speaks from practice.

He classifies all headaches into (1), those depending on causes within the brain, and (2), those depending on causes external to the brain. Examples of the latter are neuralgic, rheumatic and periosteal headaches; of the former those from anæmia, plethora, arthritic, toxæmic and organic headaches. Some of the distinctions he makes will be difficult to apply in practice, and his reliance upon the demonstration of cerebral localization seems, in the light of the most recent criticism of that attractive theory, to be premature.

The author, however, keeps steadily before him the paramount value of practical utility in such a work, and does not allow himself to be led far astray by physiological theories. As a really useful manual for the practitioner, it will take a high rank, and will be found well worth diligent perusal.

THE

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Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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THE EXTENSION OF THE PLAGUE.

Our recent English medical exchanges mention, with undisguised apprehension, the fact that already early this spring authentic observers state that the plague has broken out in Bagdad, and is rapidly increasing there; and information from other sources renders it probable that the disease has shown itself in other places in the vicinity of that city, some of which have not suffered before since the new development of the disease in Mesopotamia, three or four years ago. The progress of the epidemic in and about Bagdad last year shows that each year since its reappearance in that district it has covered a wider area, and it will be remembered that last year it crossed the Turco-Persian frontier, and broke out at Shuster, in Khuzistan. From the phenomena of the epidemic to this period it was feared, especially by the physicians on the spot, that, if it should recur in the present year, it must be expected to extend over a still wider area, and show itself in even a more aggravated form than had yet been observed. This opinion is concurred in by Surgeon-Major COLVILL, the medical officer attached to the British Embassy at Bagdad, and is expressed in his official report on the subject of the last and previous year's outbreak.

The Turco-Russian struggle in Asia Minor, and the massing of Persian troops on the western frontier of that country, add an additional and most grave factor to this ominous intelligence.

It has been so long since Christian Europe has suffered from this terrible disease that most medical men have never seen a case, and, indeed, for a while, epidemiologists flattered themselves it had "died out." They yet say that a thorough system of sanitation will certainly check its advance.

Let us hope so; for of all pestilences which have ever scourged humanity, and desolated empires, none approach in magnitude those of the plague. Under the name of "the black death," it fills, as HIRSCH remarks, one of the darkest pages in the history of the human race. It devastated every known country of the earth, and penetrated to the remotest mountain hamlets and granges, sometimes sweeping away, in a few days, every inhabitant, leaving not one to remember the name, or to inherit the goods of the family, or the village. Long years afterward, travelers would come upon these unknown villages, the houses rotting, the bones of the plague-stricken owners bleaching in the rooms and streets, and no one to say who they had been.

As an epidemic disease, it no doubt spreads from India, that mother of pestilences, where, in the provinces of Kutch and Guzerat, it is found as an endemic of great malignancy. Far more fatal in its historical appearances than the cholera, it is well that the medical mind of Europe is on the alert to meet its approach with the most energetic measures; and should

they fail, it will devolve upon us to lose no time in taking up the defensive, in the most energetic manner.

Notes and Comments.

A Hint to Cigar Smokers.

Some smokers puncture the end of the cigar previous to lighting it; some bite off the end; others cut it smoothly with a knife. The latter is preferable, as may be judged from the case of a girl reported in the *Lancet*. She had an ugly chancre on her lip. Independent of the question as to how she became possessed of the sore, the interest of the case (and a melancholy one it is for smokers) centres in the occupation by means of which the girl got her living, for she had been pursuing it for a period of three weeks with this sore on her lip. She was employed in a cigar manufactory, where her work consisted in rolling the outer leaf round the bulk of the cigar, and when she came to finish off the end, which is put into the mouth, the custom was to bite the superfluous material off with her teeth, making the ends to "stick with a lick." The girl naively supposed that some poison had got from the tobacco into a small crack of the lip. But how much poison is it possible got from the lip among the tobacco? She estimated the number of cigars completed in one day at twenty dozen!

The Limitations of Knowledge in Regard to Sight.

In his recently published book on the "Five Senses" Dr. J. Bernstein, of Halle, justly points out, that although modern means of research have much extended our knowledge of the organ of vision, there is still much more to be accomplished. What, for instance, he asks, do we positively know of the nature and action of light upon the rods and cones? Are the images and pictures of external objects actually received, as some physiologists would have us believe, in inverted position upon the retina? And do we trust entirely to education to correct this? Or is it, as some suppose, that the object is impressed on the pigmental coat of the choroid, and thence sent back to the rods, to be by them conveyed to the brain? Light, it is true, possesses the property of decomposing substances, setting up a chemical change: for instance, in a delicate film of chloride of silver, a picture, it is well known, can be produced when a surface covered by this substance is exposed for a short time to the actinic rays; when possible similar results are brought about, nerve irritation takes place and the perception of objects occurs.

Cauterization in Carbuncle.

Dr. Chavanis, in the *Lyon Medical*, states that in a case of anthrax he employed excision and cauterization with the chloride of zinc paste, and subcutaneous injections of carbolic acid, and salicylic acid internally, but that on the whole carbolic acid does not seem to him to fulfill all its theoretical promise. Three cases of Raimbert's, one of Cezarl's, and his one, are favorable to the use of antiseptics; but it is not on so small a number of cases, in which the cure may be due to cauterization as much as to antiseptics, that a new treatment can be based. Cauterization is necessary; carbolic acid may also be employed as an adjuvant, in subcutaneous injections, compresses on the œdema, and also internally, without the pretension of being a specific against anthrax. In all respects iodine seems preferable.

The Direction of Sensation Currents.

In a recent paper to the Academy of Sciences, M. P. Bert stated he had made a very curious experiment showing that the excitation of the nerves of sensation is propagated as well toward the extremities as toward the centres. He fastened the end of a rat's tail to the subcutaneous tissue of the back; then, after having cut the tail in the middle, he saw that the excitations of this dorsal portion communicated with each other along the back; but after two days the nerves separated from their trophic centre were atrophied.

Professor Esmarch on Cancer.

In a recent lecture this eminent surgeon spoke upon the treatment of cancer. A large number of drawings were exhibited, showing the various cases that had been met with during the course of Dr. Esmarch's professional career. He advised that cancers of the tongue, and also most of the malignant growths, wherever occurring, should be treated by means of arsenic and iodide of potassium, internally and externally, before proceeding to an operation. The speaker had frequently seen cancer originating upon a

syphilitic basis, and often where the syphilis had remained latent for a long period—from twenty to forty years. The lecture closed by an appeal to each member to collect all the material in his power, and so see if it were not possible, by a division of labor, to arrive at some definite conclusions on the question of malignant neoplasms.

Correspondence.

The Inhalation of Flint Dust.

Ed. Med. and Surg. Reporter:—

For the benefit of many who are now, perhaps, living in ignorance, I would be pleased to have the information from such members of the profession as have made observations upon the subject, as to the nature of the effects—whether injurious or not—produced upon the human system, particularly upon the lungs, by the long continued inhalation of the heavy dust of stones. The grinding of flint for the manufacture of china, or table-ware, has latterly become quite an industry in this vicinity. By methods not necessary to describe here, the flint is reduced into very fine powder, so fine that, during its preparation, the atmosphere surrounding those that are engaged in certain parts of the mill is constantly filled with its particles, like a heavy fog, which almost conceals them from view, even at a very short distance.

Two men, both of whom had been regularly employed in the most dusty part of the mill for one or two years, have been under my treatment for pulmonary disease. Neither of them, to my knowledge, had previously had any symptoms of, nor hereditary predisposition to, phthisis; but both were remarkably active and healthy. Their ages were between twenty-five and thirty years.

One of these patients has recently died, of well marked phthisis, complicated with hypertrophy of the heart He left the flint mill eighteen months before his death, but not until he had become totally disabled, by distressing dyspnœa, for the performance of the labor. The second one, who took the position of the first after his departure, in the most dusty part of the mill (the packing department), has but recently come under my notice. The evidence of phthisis however, in its early stage, appears indubitable. Having had no previous experience with the effects of flint dust, I hesitated, in the first case, in pronouncing positively as to its deleterious agency in causing disease; but when the second case appeared, with a history almost identical with the first, I no longer felt any hesitation in advising this patient to quit the flint mill at once.

I have read accounts of the pulmonary sufferings of the English scissors-grinders at Sheffield, and elsewhere; and of those engaged in grinding points upon needles, which has to be done on dry stones, and have concluded that, if the dust from grindstones will cause pulmonary maladies, the dust of flint, especially in such immense quantities as pervades these mills, must, at least, be equally injurious. The decision of this question—whether the inhalation of flint dust is injurious or not—is one of great importance to the trade, to the employer as well as to the employed. To the present time no measures whatever have been taken to secure immunity to the employés against the inhalation of the dust, the mill-owners boldly asserting that its effects are entirely innocuous. The evil, if it be one, might be greatly mitigated if its existence was but recognized.

With the hope of eliciting responses that may prove beneficial to our kind, these brief remarks are respectfully submitted to the readers of the Medical and Surgical Reporter.

W. Stump Forwood, M. D.

Darlington, Md., May 25th, 1877.

Diphtheria.

Ed. Med. and Surg. Reporter:—

In the Reporter of April 28th, I notice an article from the pen of B. R. Hamilton, Nauvoo, Illinois, on "Diphtheria and its Management." The Doctor starts out with the assertion that the experience of American physicians is that diphtheria is not in any way, after development, controllable by remedies.

During the last four months this much dreaded disease has prevailed to an alarming extent with us, and the mortality has been great. During this epidemic it has been my fortune to treat one hundred and thirteen well-marked and unmistakable cases of diphtheria, beside numberless cases of tonsillitis, pharyngitis, and laryngitis, and I am able to say that not a single loss has attended my efforts to control, and to eradicate from the system every symptom of the presence of the disease. The Doctor quotes from Professor Oertel "against any interference with the false membrane." Admitting that this is the teaching of all writers on this subject, and that probably many lives may be saved by heeding such teaching, yet I am constrained to believe (by experience) that the congestion of the parts affected can in no way be relieved as speedily as by local depletion, either by the removal of the exudation, or by puncture. This may be deemed as heroic treatment, and as being hazardous to the patient.

Treatment.—When first called to a patient with this disease, I invariably prescribe some mild but active cathartic. Calcined magnesia I find is one of the best for this purpose. Locally, I use the persulphate of iron (Monsel's powder) and glycerine; one to two drachms of the former to one ounce of the latter, used with a swab every three or four hours, always using this wash soon after the removal of the membrane. Internally, I use chlorate of potassa, in

large doses. A favorite prescription of mine is chlorate of potassa, three drachms; syrup of lemon and rose-water, each one ounce and a half; give one teaspoonful every two or three hours. This is for a child of three to five years. The amount is to be varied so as to meet each individual case. Externally, I use salt pork, rubbed well with capsicum. This constitutes my principle treatment in these cases. Should there be a tendency to a return of the membrane, I give a gargle, composed of tannic acid, ten grains, rose-water, two ounces; to be used every three or four hours.

I give this treatment with much confidence, having used it through the past winter with results as before stated. Whereas, the treatment, as pursued by myself and many others (as per our text books), with hyposulphite soda, internally, and the liq., persulph. ferri, with carbolic acid and glycerine; hydrochloric acid, with iron, internally, each in their turn, have all signally failed of good, as the great mortality will show. J. N. MEDBERY, M.D.

Webster City, Iowa.

Free Dispensaries and High Tariff.

ED. MED. AND SURG. REPORTER:—

Thanks are due to B. M. Hanna, of Philadelphia, for his article on Abuse of Free Dispensaries, in the REPORTER of May 12th. It brings up the question of our increasing pauperism, a subject of vital importance to the medical profession, and one which demands the immediate and earnest attention of American statesmen.

Free dispensaries, like free hospitals, and like every other charitable institution, will sometimes be imposed upon. But, if everything liable to abuse is to be discarded, we must not only abolish these, but churches and states must depart with them. They who know of applications at a free dispensary by persons "whose bank accounts show thousands of dollars to their credit" should give information to the proper authorities, that the frauds may be punished.

According to certain physicians quoted by Dr. Hanna, fourteen-fifteenths of the population of New York are "able to pay for the services of a physician." If this extraordinary estimate can be verified, it will justify a removal, from Syracuse to New York, of hundreds of laborers and scores of physicians. Instead of ignoring, like some of our brethren in the metropolis, the existence of pauperism; and instead of bickering over patronage, which is not worth any man's acceptance, the medical profession might better consider how it can exert its powerful influence in giving to the laboring classes increased ability to pay for medical services.

So far as hospitals and dispensaries diminish the incentives to industry and frugality, they undoubtedly tend to increase pauperism. How far this tendency is balanced by the thrift which should come from their moral and religious influence, is varied by the special fitness for their work of those who conduct them. In proper hands they are made to allay and soften the bitterness which poverty and labor feel toward wealth. To strike out their humanizing influence, in times like the present, would be to open a road for anarchy and riot.

Our present distress is not due to institutions of charity, but to the unwise and cruel legislation which throws upon the laboring classes the principal burden of the great war debt. When unskilled labor commands but one dollar per day, and when that dollar buys but eighty cents' worth of subsistence, alas for the man or the woman who seeks to live by the practice of medicine; for the proportion of those unable to pay for medical services will increase with every year's continuance of this condition. Let, then, the voice of the profession, everywhere throughout the country, be heard in favor of so amending the present tariff as to reduce the cost of living, and in favor of having the balance of the war debt paid by a tax upon accumulated property, and upon large incomes.

Syracuse, N. Y. SUMNER RHOADES, M. D.

NEWS AND MISCELLANY.

The Jefferson Medical College Hospital.

Last week this new hospital, a description of which we have previously given (REPORTER, vol. xxxv, p. 347) was formally opened. The disposition of the interior is as follows:—

In the basement are the main kitchen, china room, and the servants' living and bedrooms, and a large gas meter supplying 150 jets. Here, also, is the double-acting engine, which drives the elevator, that runs up the entire height of the building.

On entering the hallway the first room met to the right is that of the warden, immediately adjoining which are the drug-room, or apothecary store, with a spacious laboratory and dormitory attached. Alongside are a general reception-room and the trustees' apartment. On either side are rooms intended for the use of Drs. Gross and Pancoast. On the left side is the amphitheatre, a room circular in form, with seats extending around its entire circumference, tier rising upon tier at a very steep angle. It reaches up to the second floor. In the centre is a table whereon is placed the subject on which the lecturer is instructing the students. Ample room is given for the doctor to move around as he discourses. In the spaces under the seats of the amphitheatre are servants' rooms, store closets, etc.

In the rear of the lecture room is the eye department, where, among other conveniences, is a room so arranged that any degree of light, or, if requisite, the densest darkness, can be obtained by the operator.

Turning from the elevator, which in itself is worthy of mention, as it is capable of holding lengthwise a bed or stretcher containing a

patient, and runs with little or no noise in the space made by the ascending stairs, the first object which attracts the observer's eye as he turns to the left, on the second floor, is the receiving ward. On the same side are a visitors' room, septic ward and servants' dormitory, with bath-rooms attached. Facing these are entrances to the amphitheatre. Along the corridors from the receiving ward are the stewards' offices, female ward, with four beds, continuation of the eye ward, with four beds, and at its end is an operating room, fully equipped. On this floor are also the housekeeper's apartments, with completely furnished linen and other necessary closets attached.

On the third floor is the men's medical ward, with thirteen beds. Attached to this, as to all the remaining wards, is a nurse's sleeping closet, with bell ropes, etc. Here also are lavatories and closets, and dumb waiters for conveying from the lower part of the building whatever may at the moment be required. A shute, made of galvanized iron, and nearly three feet in diameter, carries to the wash house in the basement all soiled clothing. On this floor, and facing the elevator, is the men's surgical ward, with sixteen beds. A special diet kitchen, lavatories and closets are attached. Here is also a vapor bath closet, of peculiar construction. It consists of a water-tight box, about four feet square and eight feet in height, lined on the inner side with thick glass.

Leading into the fourth floor is the convalescent ward dining-room. On this story are the women's medical and surgical wards, with twenty-nine beds, and bath-rooms, closets, diet kitchen, and laboratories attached.

On the fifth floor are ten rooms for paying patients, all finely furnished, and situated in a cheerful and quiet part of the building, with laboratory and closets attached. The rooms of the housekeeper and resident physicians are also on this floor. In the loft is an iron tank, with a capacity of three thousand gallons. All the hot water goes through the tank to the generator in the cellar, which is capable of heating forty gallons per minute.

On every landing are long coils of fire-hose attached to the pipes, so that in case of an emergency, water can be immediately brought to bear upon any place in the building.

West Virginia Medical Society.

The West Virginia State Medical Society met at Clarksburg, May 30th, forty-six members being present. Dr. E. A. Hildreth, of Wheeling, President, in the Chair. The address of welcome from the Mayor and Council was made by John C. Vance, Esq., and that from the Medical Faculty by Dr. J. W. Ramsay.

President Hildreth delivered an interesting annual address.

Reports of Dr. J. C. Hupp, Treasurer, and Dr. W. M. Dent, Secretary, were referred to appropriate committees.

Papers were read, on "Surgery," by Dr. Shriver; on "Phimosis," by Dr. Hupp; on "Hygiene," by Dr. Brock; voluntary papers by John Frizzell, J. M. McWhorter, J. W. McGuire.

The following officers were elected for the ensuing year: *President*, J. W. McSherry, of Martinsburg. *First Vice President*, Dr. W. M. Dent. *Second Vice President*, Dr. Crumrine, *Third Vice President*, Dr. Ward. *Secretary*. Dr. M. F. Hullihen. *Treasurer*, Dr. J. C. Hupp.

Censors: M. S. Hall, L. S. Charter, W. J. Bland, W. F. Vankirk, D. P. Morgan, T. A. Harris, W. H. Sharp.

Weston was selected as the place for holding the next meeting.

Personal.

—Dr. Henry P. Blackwell, the oldest citizen of Troy, N. Y., died, May 20th, of heart disease. He was born in Limerick, Ireland, March 27th, 1770, and hence was 107 years and 2 months old. He was a member of a family of high social standing, which consisted of twenty-one sons, seventeen of whom, including the deceased, were in the Irish rebellion of 1798, and all of whom lived to a great age, their father dying at 114. When 75 years old the Doctor emigrated to America, and has since resided in Troy. He was never married, and lived a lonely life, keeping bachelor's hall, and gaining a portion of his support by doctoring with herbs gathered from the fields and woods, in the vicinity of his humble home. The deceased was a strict member of the Episcopal Church, and was greatly respected by his neighbors and friends.

QUERIES AND REPLIES

Consultations.

Does the Code of Ethics permit consultations by a regular practitioner with any one practicing homœopathy, or still worse, carrying water on both shoulders, by attempting both schools?

ETHICS.

Certainly not.

Stomatitis Materna.

Dr. H. G. H., of N. Y., recommends hypophosphite of lime, ten grains in a tablespoonful of water or sweet milk, after each meal.

Dr. H. F. B., of Ky., is referred to MEDICAL AND SURGICAL REPORTER, No. 949, for a recipe for nephritis. Dr. A. P. Brown, of Texas, writes that he has tried it in many cases without a failure.

DEATHS.

KEYES.—At Vickeryville, Michigan, on April 16th, F. L. Keyes, M. D., formerly of Palo, Michigan, in the seventy-second year of his age.

MARRIAGES.

RICE—BRYANT.—In Philadelphia, Pa., Wednesday, May 23d, 1877, by the Rev. J. Wheaton Smith, D. Eldredge Rice, M. D., and Miss Marie E. Bryant, all of Philadelphia.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1059.] PHILADELPHIA, JUNE 16, 1877. [VOL. XXXVI.—No. 24.

ORIGINAL DEPARTMENT.

LECTURE.

THE CARE OF THE NEW-BORN.

From a Lecture delivered by

WILLIAM B. ATKINSON, M.D.,

Lecturer on Diseases of Children in the Jefferson Medical College, Philadelphia.

* * It is of first importance that the new-born shall be cared for properly. The cord having been hid and severed, it should be wrapped in some soft warm wrappings, so that it may not too suddenly lose the temperature at which it is delivered. The air of the room prior to the process of cleansing should be at a temperature of not less than 70° Fahr. The position of the nurse should be such that the child is not exposed to a draught, as from a door being opened by those who are compelled to enter or leave the apartment. For many reasons, excellent authorities have concluded that it would be better, for the first day, to avoid washing the child altogether. They counsel the cleansing of its skin by rubbing it freely, from head to feet, with lard, oil, yolk of eggs, etc., in order to loosen and facilitate the removal of the peculiar cheesy matter generally found profusely adhering to the skin. This is then readily rubbed off by the use of soft dry rags, and thus water and soap are avoided for the first cleansing. By such a plan there is less risk of chilling the child, or of irritating the delicate skin, as is so often seen to result from the employment of soap, etc. Nor is it absolutely imperative that every portion of the vernix caseosa should be removed. What remains will generally quickly disappear at the second cleansing, at an interval of twelve to twenty-four hours, and as the child is now somewhat accustomed to its surroundings, water of a proper temperature, and, if necessary, soap of the finest kind, may be employed. After the washing, the whole surface must be carefully dried with soft cloths. Rough usage injures the delicate cuticle, and moisture induces cutaneous eruptions.

The dress should be soft and warm, regardless of fashion or any of its foolish votaries; the whole of the child, save its head, should be protected. The dress should come up high around the neck, fully cover the arms and hands, and, of course, the lower extremities. The point most generally aimed at by the young mother, who, proud of her offspring, is anxious to display its beauties, is to have a low-necked dress and short sleeves, while the skirt hangs down some three feet below its waist. She should be impressed with the fact that the most usual source of cold, and its consequences to the delicate lungs, is the chilling of the arms, and the direct access of cold to the thorax of the child. As to the material, urge the selection of that which will be soft, warm and comfortable; as to the form, any style to protect fully, and yet permit the freest motion of the lungs and limbs. Restlessness is often relieved by completely undressing the child and readjusting its clothing, some portion of which may have been too tight, or in some way pressing upon it so as to annoy it. A marked instance of this I have just related.

A glance at the absurd dresses of the children of the present day will suffice to explain

the frequency of sudden attacks of catarrh of the lungs, or of bowel affections. Even in cold weather we find the legs quite unprotected, and every facility for cold and dampness to rise under the skirts and come directly in contact with the cutaneous surface over the bowels or lungs. It is a constant sight to see a mother or nurse standing at a door with an infant in her arms whose head is quite uncovered, and yet she is puzzled to know where the child could have taken cold.

The food of the new-born is an important consideration. I shall never forget the remarks of the venerable and learned Dr. Charles D. Meigs, formerly Professor of Obstetrics and Diseases of Women and Children in this school. In lecturing upon this subject, he always insisted that the infant did not require any food whatever for the first hours after birth. That nothing should be given to it, but that, after the mother was properly cared for, and had obtained some rest, the child should be applied to the breast. He would earnestly inveigh against those abominations, catnip tea, gin, or whisky and water, molasses, or sugar and water. "Gentlemen," he would exclaim, "if the Almighty had intended the new-born child to be fed with molasses and water, it would be sent into the world with a molasses cup attached to its neck." Nature does know best, and we find at the proper time she provides the appropriate nourishment.

Upon this point we may, and should, earnestly insist. No form of artificial nourishment can for a moment compare with that furnished by nature. The woman should be urged, as a sacred duty, to perform this work. She should be informed of the great probability of disease and death occurring from any other mode; of the difficulties and annoyances to be encountered in the use of artificial food; of the ease and comfort of raising the child with the breast alone. Finally, if such a sentiment will have any weight with a woman who seeks to avoid this charge, assure her that her offspring is sure to imbibe with its milk that deep, earnest, filial affection which she should ever desire it to show toward her.

When it becomes necessary, for any cause, to seek another source, we should next prefer the employment of a wet nurse, as giving the infant almost an equal chance for its life. This failing, we may consider the applicability of some one of the many forms of artificial food which are now offered as a substitute for the mother's breast.

A mother who desires to suckle her infant should commence about four to eight hours after delivery. A very foolish and erroneous belief, that there is no milk in the breasts until after the third day, has given rise to the habit of keeping the child from the breast until that time. In the meanwhile, to still its cries, it is fed with some of the trash above mentioned. Perhaps no surer method could have been invented by which to induce injury, both to mother and child. The child's stomach is thus filled with vile matters of a very indigestible and irritating nature, producing nausea, acidity, flatulence, thus directly increasing the cause of its restlessness and cries, and generally leading to the employment of some narcotic, or so-called "carminative," to relieve it. Under no circumstances is it imperative to give the new-born any form of food for at least the first few hours. If we remember and act upon this, we are given time to reflect, and need never act hastily.

It having been determined that no reason exists to prevent the mother from suckling her infant, by placing it to the breast and endeavoring in every way to facilitate its efforts to nurse, we accomplish more than one indication. We predispose the child to obtain its food by its own efforts, we promote the early flow of milk in the breast, we render lactation less difficult, and most generally prevent any trouble with the nipples. A child that has been already more or less surfeited, or by any means rendered indisposed to take the breast, refuses, despite all our earnest efforts, to seize the nipple. When it does do so, at a later moment, say when the breasts are already gorged with milk, the flow is less easy, the parts are more irritable, the child sucking with greater power and rudeness, we are generally likely to have a resultant in sore, irritated nipples, which adds to our troubles by so paining the mother as to discourage her in the procedure. Nature, in the inferior animals, teaches us the true lesson. We see the kitten or pup eagerly and instinctively seeking blindly for the teat, and grasping it, at once it draws its supply from the maternal fount. My experience, now extending over a quarter of a century, has shown me that, other things being equal, we are less liable to have sore, irritated, cracked nipples, and their usual accompaniments, as well as less liability to infantile colics, etc., by following the guid-

ance of nature and instinct, and so soon as the mother is rested and refreshed, at once applying the child to the nipple.

About once in every two hours will be the proper time to give the child suck. Bouchut regards regularity of the interval as important, as then the child sucks with more avidity, and completely empties the breasts. He considers this requisite to enable the child to obtain the last portions of milk in the breast, which are better, because they contain more cream than that which is first drawn.

During the night, say from 10 P. M. to 6 A. M., generally once or twice, the child will require its nourishment. But young children are refractory; rules are difficult matters to enforce with them. Hence, we often find the child waking every two or three hours and demanding its supply. Still, much may be done by care, and the effort should at least be kindly but persistently made to quiet the child. It is a bad plan to allow it to contract the habit of taking the breast at every motion or start, and still more wrong to accustom it to sleep on the breast. This is injurious, both to mother and child. The safest plan is to have it sleep in its own crib or bed, properly clothed and protected, as it is less liable to have its rest disturbed, as would occur by the motion of others in bed with it. I cannot but regard as fraught with grave results the habit, so frequently indulged, of a very young child sleeping with an old or sickly person. This is a point which will often demand your attention. Children are frequently and rather mysteriously found to be failing in health; becoming pale, weak, restless; arising in the morning unrefreshed, with a heavy, anxious, old look about the face. When we come to examine the surroundings, we find they are passing the nights in a close room, in bed, perhaps pressed tightly in the embrace of an old or sickly person. This should always be interdicted. The importance of pure air to a child is never greater than during its hours of sleep. Its atmosphere is generally sufficiently readily vitiated without it being compelled to breathe almost directly, as it were, the diseased breath of an exhausted person. Many mysteries in the affections of these little ones will be quickly dissipated by a careful examination into the history of their daily life and habits.

While we are guarding against improper lowness of temperature, let us not swing to the opposite extreme, and deprive the child of an abundance of pure fresh air. This is of equal importance with food and clothing. I feel assured that this fact is not sufficiently recognized. Doubtless, many instances of sudden and mysterious death in the early hours of life might be traced to an imperfect supply of air. The child is readily asphyxiated, and when its head is carefully covered with thick wrappings, and in addition, it is covered with the mass of bed-clothing used by its mother or other caretaker, it cannot be surprising that many die and make no sign, much to the wonderment of all, even the physician. Or, it is kept so warm by the multiplicity of its clothes that its strength is equally exhausted. A wise moderation is necessary. A child should never be caused to sweat by reason of the warmth of its clothing or of that of its apartment. This is as exhausting to it as to an adult. A sudden change will then cause it to be chilled, and sickness will inevitably follow.

The personal cleanliness of the child must be a matter of daily inquiry. The clothing, when soiled, should be immediately changed. No clothing worn during the day should be kept on at night. It is a monstrous evil that the vast majority of children, of all ages, especially the very young, are permitted to retain, when in bed at night, the greater portion of the clothing worn during the waking hours, thus, carrying with them all the foul odors, perspiration, etc., that have accumulated upon them during the constant restlessness of the day. The child should, other things being equal, invariably have its daily bath, and this in the morning; then the soiled clothing should be removed and replaced by that which is clean, properly warmed and aired. Such a plan will conduce to strength and health, even in children predisposed to disease.

At night, it should be entirely undressed and its clothing replaced by other, loose, light, sufficiently warm. Of course, the bed covering will aid to protect it, if necessarily in a cold room, and hence, its night dress need never be so heavy as its ordinary dress. A good article is a pair of drawers fitting well up around the neck and covering the arms and limbs. In a very young child, the night dress will be a loose slip, similarly protecting it.

Sleep, to a child, is as important as food or air. It requires abundant sleep to enable it to recuperate its frame, or exhaustion will rapidly ensue. We observe this in disease, where our

little patients take long, sound slumbers, and wake up refreshed, and with every symptom ameliorated.

As there can be no contraindication whenever the child seems disposed to sleep, this should be encouraged. Nor is it ever justifiable to rouse a child suddenly from its sleep. On this point the physician should be positive, as we find the nurse, the mother, and other admiring relatives, are constantly rousing the infant, in order to "show it off." Apart from this, too little care is shown as to unnecessary noises while the infant is sleeping. It is important to remember that sudden noises, or anything which suddenly startles a child, may result in a convulsive attack. The mother or nurse should time the bathing and dressing so that the little one may not needlessly be disturbed. It should also be remembered that the habit of restlessness may readily be acquired, and is with difficulty overcome.

At this point, I cannot too earnestly direct your attention to the necessity of cautioning those who have charge of an infant, under no circumstances to permit the use of any of the numerous soothing syrups, anodynes for infants, etc., which are but another name for some form of "infant poison." To quiet restlessness, generally the result of improper food, tight clothing, etc., these articles are constantly employed. Nor is it alone that they are given to procure rest at the proper hours, for we find the infant drugged into sleep or quietude for the most selfish reasons—to allow the mother rest, to enable her to attend to her household duties—to give her freedom to gossip with her neighbors, to attend a ball, etc. Frequent repetition requires constant use and increase of the dose, destroying the appetite, impairing digestion, finally, completely undermining the health, and the child either dies of inanition, marasmus, so called, or succumbs to the first trifling attack of disease. Especially urge upon the young mother never to employ anything of the kind; and should the necessity for relief become urgent, let her apply for medical advice, and never act upon the suggestions of the wise people who surround her. Such friends consider that, as to children at least, they know more than any doctor, and their armamentarium would fill one with amazement. The very least they offer is a dose of castor oil, followed by catnip tea. I shall not occupy your time with details of their potions and decoctions. I am well assured that you will speedily become thoroughly acquainted with their remedies for children's ailments, and also their contempt for you at assuming to have any superior knowledge.

Bouchut, in his Diseases of the New Born, says: "It is at the cradle that we should compel the man to submit to the laws of health, to sustain his constitution, if it is good; to improve it, if it is bad."

Again, "In early infancy it is necessary to oppose the disposition to scrofula and other hereditary diseases." Both these aphorisms are eminently correct. It is remarkable how much success follows our efforts, when properly directed, for the purpose of building up the health of a weak, sickly child. Placed under favorable circumstances, properly nourished, with abundance of sunlight and pure fresh air, delicate infants are often observed to improve rapidly. We may even begin earlier. A woman suffering with disease, as scrofula, phthisis, or syphilis, when appropriately treated during pregnancy, may often be enabled to bring forth a child with comparatively good health. It is frequently observed that children born after such treatment show a marked improvement in general health, when compared with the previous ones. Again, instances are of frequent occurrence, where women were constantly delivered of dead children, or were prematurely delivered, evidently the result of a vice inherent in their own system, and yet by appropriate medication they were found to carry their children to term, and bear them in a healthy condition.

But while considering such a point as to the female, what shall we say of the man who marries and attempts procreation, whose whole system is foul with disease, generally syphilis, or is exhausted by intemperance? The writer quoted above says: "A man of impure blood should never hope to perpetuate his race." He attempts it; his offspring can scarcely be carried, even by a healthy mother, to term. If she delivers them alive, they are puny, scrofulous, of feeble vitality, and the father rarely experiences the satisfaction of seeing them grow to adult age. A few survive and shame the parent by becoming a faithful, often an exaggerated epitome of himself.

—Our next number will be devoted to Medical Societies.

COMMUNICATIONS.

INTUSSUSCEPTION WITH PERFORATION—RECOVERY.

BY S. LESLIE WEST, M.D.,

Of Wilmington, Del.

About nine P. M., of the 8th of March, 1877, I was called to see Mrs. C., aged forty years, married, and mother of eight children, who, the messenger said, "was suffering of bilious colic." It being late in the evening, and not feeling very well myself, I declined going, but ordered—

No. 1.—℞. Morph. sulph., gr.j
Hyd. chlor. mit., gr.x
Sacch. alb., gr.ij. M.
Ft. pil. ch. No. viij.
Sig.—One every half hour until relief.

stating I would see her early in the morning.

According to promise, I visited her on the 9th instant, and found her blanched; expression haggard, and suffering much pain all over abdomen, notwithstanding she had taken the powders above ordered. Immediately over the right inguinal and lower half of the lumbar regions she suffered very acute pain, and was very tender on pressure. Percussion revealed marked tympanitis throughout the length of the colon. Pulse about 120 per minute, and very weak; circulation very languid; extremities rather cold; nausea, at times amounting to vomiting, especially on taking a drink; her tongue was fissured, and covered with a yellowish-white fur, with constant thirst; complained of chills passing rapidly over the system, and being very nervous. Internally I ordered her the following:—

No. 2.—℞. Quin. sulph., gr.viij
Morph. sulph., gr.j
Camphoræ, gr.xij
Capsici, gr.ijss. M.
Ft. pil. No. viij.
Sig.—One every hour.

Crushed ice, to allay thirst, port wine and lime water, equal parts, as often as the stomach would tolerate it, and an enema composed of a quart of castile soapsuds, an ounce of castor oil, and a teaspoonful of turpentine, to be used every two hours until the bowels were moved. Locally, turpentine stupes to be kept constantly over abdomen, renewed as often as required.

10th, 9 A. M., found her still suffering much pain, but not so intense as on my previous visit. All the other symptoms more aggravated, with persistent vomiting, at times stercoraceous matter. Diagnosing her trouble that of intussusception of the bowel, I notified her husband of her danger, and promised to do all in my power to give her relief. Internally I ordered her—

No. 3.—℞. Ol. tiglii, gtt.viij
Ol. ricini, f.℥ij
Chloroform, f.℥ss
Sacch. alba.,
Pulv. acaciæ, āā. q. s.
Aq. cinnamomi, f.℥ijss. M.
Ft. emulsio.
Sig.—Tablespoonful every hour until the bowels were moved.

Enema, as above, repeated every two hours, and crushed ice, brandy, and beef essence. Locally, turpentine stupes, as above directed.

Saw her again in the afternoon, about five o'clock, and to my surprise and great delight, found her much easier in all of her symptoms. Ordered treatment continued.

Morning of the 11th instant, about nine o'clock, she seemed rather comfortable, but very weak; her bowels had been moved twice during the night; vomiting had ceased; no pain except on pressure; no tympanitis; pulse 100, still feeble; tongue moist, but pale and furred. Internally ordered beef essence, chicken broth, brandy and ice, and—

No. 4.—℞. Pulv. opii, gr.iv
Camphoræ, gr.viij. M.
Ft. pil. No. viij.
Sig.—One every three hours.

13th instant found her very much improved; sitting up, and in every respect doing well. After charging my patient respecting her diet and exercise for a few days, discharged her as well, and enjoyed a very great degree of pleasure on having cured my patient of that most dreaded malady, intussusception of the bowels.

Now, you can imagine my very great sorrow, on the 14th inst., on receiving a message from Mrs. C. demanding my presence immediately; and as soon as I could order my carriage to my office, I complied with her demand, and on my arrival found her suffering in every way just as on my first visit on the 8th instant. Presuming I had the same evil to contend with, I lost no time in concentrating my efforts to relieve the same. Internally I ordered—

No. 5.—℞. Morph. sulph., gr.j
Quin. sulph., gr.viij
Pulv. ipecac, gr.iv. M.
Ft. pil. No. viij.
Sig.—One every half-hour until relief.

Crushed ice, port wine and lime water to relieve intense thirst and keep up the general strength, and enema, as above, to unload the colon of its gaseous contents. Locally, hot turpentine stupes over the abdomen. Her husband called at my office about 9 P. M. stating her condition to be much worse than at time of my visit, 11 hours previous. General prostration; cold extremities; abdomen swollen; vomiting stercoraceous matter; bowels had not been evacuated, notwithstanding the oft repeated enema. Ordered prescription No. 3 every hour, until relief.

Saw her early on the morning of the 15th instant; found her as follows. Features very much distorted and cadaveric; bathed in a cold clammy perspiration; pulse barely perceptible, too imperfect to number per minute; not suffering with pain so acutely as on the previous evening, having had decided relief since about 3 o'clock A. M. Percussion over abdomen revealed but little, or, indeed, no tympanitis, rather dull and heavy; on pressure a dull heavy "sore" pain, immediately over right inguinal region, imparting a doughy sensation to the touch; extremities cold and cadaveric; tongue furred, but pale along the edges and dry through the centre.

Locally, ordered artificial heat to extremities, and mustard to epigastrium; and internally hot brandy punch, beef essence, all that could be taken, and prescribed—

No. 6.—℞. Ammoniæ carb., ʒj
Ol. terebinth., f.ʒij
Sacch. albi,
Pulv. acaciæ, āā. q.s.
Aquæ camphoræ, f.ʒvj. M.
Ft. emulsio.
Sig.—Tablespoonful every three hours, alternating, with—

No. 7.—℞. Pulv. opii, gr.iij
Camphoræ, gr.xij
Quin. sulph., gr.xxiv. M.
Ft. pil. No. xij.
Sig.—One every three hours.

Diagnosis, perforation following intussusception of the bowel. Notified the husband and family of her condition as I understood it, and the probability that death would follow, and asked for a consulting physician. In response to my demand, Dr. C. W. Jones, of Wilmington, Delaware, was requested to meet me in consultation, at earliest hour convenient. Accordingly 4 P. M. was agreed upon, at which time we found her much easier, physically; features less distorted and cadaveric, clammy perspiration replaced by a more natural moisture, and warmth; the extremities warm and dry; pulse about 120 per minute, but feeble; tongue fissured and covered with a dirty yellowish fur; percussion-dullness over right inguinal and (lower) lumbar regions, with slight tympanitis over descending colon; breathing labored. Treatment approved and continued without charge.

In company with Dr. Jones, on the morning of the 16th inst, found her very much improved. Treatment continued, and ordered enema, to unload the lower bowel.

On the 17th instant found her still improving, but complaining of pain and a swelling in right inguinal region, which was very hard, and rather of a dark purple in color. The sickness of stomach was much aggravated on taking prescription No. 6, which was ordered discontinued and substituted—

No. 8.—℞. Liq. ammo.
Citra. bismuth.,
Vini amar. āā. f.ʒiij. M.
Sig.—Dessertspoonful every three hours.

Continued prescription No. 7 every three hours, with as much beef essence and brandy as the stomach could tolerate. Ordered locally emollient poultices to inguinal swelling.

Visited her with Dr. Jones, on the 18th and 20th instants, and found her much improved.

On the 21st instant she was not so well, suffering with very frequent flushes of heat and suffocating feeling alternating, and a very teasing dry cough, with occasional sharp pains through lower lobe of left lung. Auscultation and percussion revealed a hypostatic condition of the same, for the relief of which I ordered, locally, linseed meal and mustard poultice, applied and renewed as often as required to relieve the local pain, and internally the following—

No. 9.—℞. Ammon. carb., ʒss
Morph. acetat., gr.j
Syr. pru. virg.,
Syr. acaciæ, āā f.ʒj. M.
Sig.—Teaspoonful every two or three hours.

And continued prescription No. 7, at the

same time discontinuing prescription No. 8, and keeping up plenty of brandy, beef essence, chicken broth, and oysters sparingly.

On the 24th she complained of acute pain shooting through right inguinal and lumbar regions, from the effect of which she was very nervous. We ordered—

No. 10.—℞. Potass. bromid., ℥ij
Morph. sulph., gr.j. M.

Ft. pil. ch. No. viij.
Sig.—One every two or three hours.

Discharge through inguinal opening less copious and at longer intervals, fecal matter appearing only about twice in twenty-four hours.

Improvement continued on the 25th, 26th and 27th. Ordered treatment continued.

On the 29th she complained of a burning pain immediately around the wound, which was very much inflamed; also of chills occasionally passing over the general system; appetite not so good; otherwise but little changed from my previous visit.

Locally ordered—

No. 11.—℞. Ungt. zinci ox., ℥j
Pulv. opii, ʒj
Acidi carbol., gtt.x. M.

Sig.—Spread on linen large enough to cover the inflamed surface, leaving an opening in the centre for the exit of the discharge, and the oakum dressing continued over that.

Internally, ordered—

No. 12.—℞. Quin. sulph., gr.x
Cincho. sulph., gr.xx
Ferri sulph., gr.x. M.

Ft. pil. No. x.
Sig.—One every two hours.

Diet the same; other medicine discontinued for twenty-four hours.

From that time to the present writing, May 8th, 1877, I have made occasional visits, and have watched with much interest her progress; and I am glad to report that no unpleasant symptoms have followed, and that Mrs. C. is now able to resume charge of her household.

—At Greensburg, Pa., a whole family were poisoned. The *Democrat* commenting on the case, says: "Under the loose system of the drug business in our town, not a soul living in it nor the life of even a transient guest at our hotels is safe for a day." This is a fact, for the druggist deliberately violated the law in selling poison to a lad without a prescription.

Hospital Reports.

NERVOUS INFIRMARY.

CLINIC OF S. WEIR MITCHELL, M. D., APRIL 6TH, 1877.

Reported Especially for the Medical and Surgical Reporter, by C. C. Vanderbeck, M. D.

[*Concluded from No.* 1058.]

Vertigo.

A variety of peripheral impressions are competent to cause vertigo in different degrees of intensity. Thus it is sometimes occasioned by attacks of acute neuritis, and both Waller and I felt in our own persons slight vertiginous phenomena from freezing the ulnar nerve.

Stomachal vertigo is sometimes easily discriminated, and at others hard to diagnose from vertigoes of intra-cerebral origin, because in all vertigoes, when severe, the stomach is disturbed. In undoubted examples of gastric vertigo, the symptom follows a meal, and sometimes is due to particular ingesta, and sometimes to acidity or other defects of digestion. In certain persons fish, shell-fish, strawberries and fresh bread are sure to cause vertigo, and in some every effort at digestion produces it. In such cases the head becomes highly sensitive to impressions which do not usually disturb the balance, and then, as in some other cases, we have produced what I call the permanent vertiginous status, which is perhaps worth pausing to consider. When through any means this condition is reached, we have almost constantly more or less sense of cerebral discomfort, with the constant dread of impending increase. The vertigo may be slight or great, but it is no longer evolved only by the primary cause; long mental exertion, excitement, movements, as those of machines or passing crowds, loud and sudden sounds, and especially brilliant sunlight abruptly encountered, give rise to increase of the sense of confusion, and to either a brief swimming around of objects with momentary disturbance of equilibrium, or to a feeling that it is needful to brace oneself against the instability for an instant.

This condition, the *status vertiginosus*, may last for years, and is apt, most of all, to exist after one or more severe onsets of aural vertigo. The momentary attacks may be trifling, and are to the fits of vertigo what the petit mal is to the greater epilepsy. In persons thus disordered, the least lowering of tone, or a little dyspepsia, or the failing of health so common in spring time, will increase the severity of the trouble, or even cause grave and prolonged vertigo.

The point here made is one of great importance and not set forth elsewhere with clearness. In treatment it is essential to remember, I repeat, to emphasize my words, that no matter what causes the vertigo, if it recur often, we acquire an increasing capacity to suffer from lesser causes of vertigo.

I do not think that writers have enough

insisted on the disturbance of the thinking function which comes with many, and especially with recent, cases of bad vertigo. It is often most distinct, and to some people more alarming than any of the other disorders which occur in this disease. Many people will tell you that, at times, the sense of mental confusion arises with little or no disturbance of balance, and it would be, perhaps, not too picturesque a statement to call such attacks "thought vertigo;" but as I have said, for the most part, the two troubles go together.

In this brief glance at the causes of vertigo, we come to a very common one, anæmia, and this is causative, either alone or as aiding more local causes. The vertigoes of anæmia are rarely as alarming as those due to local irritations, intra or extra-cranial, and are extremely apt to show in thin-blooded people, when they suddenly change position. Most common in women, they show themselves notably at the menstrual period, and are not always eased by the prone posture. As to the extra-cranial causes of vertigo, we have to consider the possible presence of intestinal irritations; of defects of nutrition or circulation, from heart disease; the disturbance due to the onslaughts of fevers; the influence of some drugs, as tobacco or alcohol; and lastly, albuminuria.

Unsuspected Bright's disease is a frequent cause of vertigo in modified and indefinite forms, and should always be sought for with care by Heller's test. Vertigo from coarse brain lesions, and the form which comes from multiplied minute aneurismal enlargements of vessels, are sufficiently familiar. The latter is a disease of advanced life, the former an incident of brain growths, and seems to be due to the cumulative disturbance they create, which finally results in attacks of epilepsy or in severe vertigo, or both.

It is also quite common to find vertigo, even in severe forms, as the first sign of onset in hemicrania (migraine). Some persons never have headache without it, and what is less well known, the headaches may cease, and be entirely replaced by periodical attacks of vertigo. I saw such a case to-day, and I know others in which sometimes the attack consists of pain alone, sometimes of vertigo followed by pain, and sometimes of vertigo alone.

But after we have disposed of all known causes of vertigo, we have still left a small number of inscrutable cases, which have been described as essential vertigo, and which are in their origin as mysterious as some epilepsies. Among them we find examples of the most grave and unmanageable forms of the disorder, which last for years, and finally disappear by degrees.

Practitioners nearly always refer such cases to the stomach for their origin, but as to this they are often misled because of the nausea or emesis.

I have watched many of these cases with great care, and become sure that they are of intra-cranial birth, and must come to be looked upon, like migraine, as only causing the sick stomach. The worst fits of vertigo I see are of this class. The man has attacks of giddiness, and falls or lies down, does not faint; has an excited heart, and often flushes intensely. The disturbances of equilibrium are curious. Some persons like to be flat until the vertigo passes. Others must have the head raised a little, and can neither sit up nor lie down without increased annoyance. Some, and I saw one such to-day, must sit up instantly. In all of these cases it is well to learn if the face flush or grow pale, and if amyl nitrite causes vertigo easily.

Here is a good example. Mr. C., rather florid, a business man from the West, was well until April, 1875, when he had an attack of vertigo, with pallor, and since then has had one or two a month. There was no other cause save a long, anxious business strain, hard work, with worry. These attacks were to me of great interest, because at first I thought them epileptic. When walking he would stagger, and have instantly a sensation as if the threads of current thought were broken; with this came muscæ volitantes, cloudy purple tints before the eyes, increasing alarming sense of confusion of head, noises in the ears like bells. The weakness increased, and he sat, lay, or fell down. Meanwhile the heart beat was strong and rapid, and he fell asleep after the attack, which lasted a few minutes. The sleep was not comatose, and the vertigo left him wretched a day or two, and easily confused by mental efforts. He had slight apex and vasal murmurs (systolic). Dr. Flint, who also saw him, did not think the murmurs indicated any very grave lesions, and the heart was not enlarged, but very excitable. As these attacks continued, Mr. C. began to have slight ones, in which there was a moment of disturbed balance.

The organs were healthy, and the eye-grounds normal. There was no functional trouble, no form of poisoning, no renal disorder.

The alarm such a condition creates seems to help, I have thought, to keep it up; but as a rule such cases get well, and are not in any sense dangerous; of course it is necessary to entertain the thought that these seemingly causeless vertigoes may end in coarse brain lesions, but I have seen no cases beginning with sudden fits of giddiness end in that way. At the same time sudden vertigo in advanced life may have graver meaning.

While speaking of vertigoes like these, which we cannot trace to any distinct cause, I have recalled to my mind a most memorable case which I saw years ago, with Dr. T. G. Morton. The patient, a lad of nine or ten years, had never sat up, and could only be at ease by lying on his back, or, for a very brief time, on either side. An effort even to lift the head caused violent vertigo, and, if raised to the sitting position, objects rotated in a giddy dance, and he became insensible. We made long efforts to raise him by slow degrees, but no device succeeded, and he remained as we found him; nor can I give even a guess as to the cause of this singular and life-long malady.

Hysterical vertigo is rarely seen as fits of giddiness, ending in nausea and great momentary loss of power; still less does it ever repeat for us the agony of vertigo seen in Meniere's disease. It is apt to be present in the form of hysteric states in which there is ovarian disorder, and then pressure on the ovary will sometimes cause swimming of head. But the other parent in such cases is usually anæmia. Much more troublesome to grasp with diagnostic clearness are the rare cases of senile vessel changes, or coarser brain lesions, causing vertigo in women of hysterical temperament, where we have to learn how much is real and how much contributed by the liberal fancies of the patient. Cases to illustrate these combinations I might quote endlessly from my note books.

Here is one good example. A woman, aged 50, ceased to menstruate at 48 abruptly, and from that time exhibited the following group of symptoms. A fair weight and color, constant acid dyspepsia, intense constipation, a spine sensitive in spots, great supra-ovarian tenderness, frequent vertigo in and out of bed. She staggered in walking but did not fall, and in the street had no staggering, but complained of the same amount of vertigo and of incessant confusion in the head.

The eyes were normal; there was no deafness. The heart was excitable but otherwise well. The ulnar arteries were very slightly beaded at the wrists.

Here, then, was choice of causes. The attacks began with emesis; but this proves nothing. However, the acid stomach was treated with alkalies, bismuth and general tonics, and she had taken for it lemon-juice and charcoal, and used many diets in vain. It yielded at last to the old woman's formula of hickory ash lye. It got well, but the vertigo did not, and then I sent her away to her home in New England, under the use of iron and a pill of aloe ex. and ox gall. This by degrees aided the bowels, and at length, after six months, she came back sound in stomach and perfectly regular as to evacuations, but with the same vertigo and more nervousness, while also both ovaries were tender. I had by this time become uneasy as to her state of head, and fearful that the vertigo meant grave intra-cranial mischief, when the severe illness of her husband called her home. She left here alone, traveled into a remote corner of New England and nursed her husband through a typhoid fever without a complaint of her vertigo. Then it came back and she retired into the role of an invalid. But this time I was awake to her true state, and having great influence over her, I persuaded her to give up treatment and try to make believe that she was well, by accepting all the usual duties of life.

The advice was taken and proved successful. She got entirely well.

I have seen two cases of hysterical vertigo, in which the patients spun around and then staggered, and one in which the woman staggered backward with what looked like awful violence; but no one of these women ever fell.

One of these cases, which I have here labeled hysterical, was of great interest. The patient, a charming young person from the west, came to me on account of a state of things which is as common, clinically speaking, as typhoid fever, but is hardly known in the books as a distinct disorder. It is what is usually called nervous exhaustion. Like many others of her kind, she was thin, and pale, and weary looking, and said she was tired all the time. Questioned closely, she would admit that, perhaps, it was not exactly fatigue, but that, as it was a condition that came after every form of exertion, she supposed it must be tire.

Such cases are nearly always to be cured, and this case was readily cured. Then the disorder recurred, three years later, and with it came many curious symptoms, which I shall briefly mention. A long attack of vomiting was brought on by a profound moral emotion. It was followed by anæsthesia of the right side, save the face. She retained sense of touch, and lost that of pain and that of thermal appreciation. She recovered sensation in a few weeks, and next had a loss of power in her left arm. A week later she was seized suddenly with vertigo while lying in bed. She said she felt the room turning to left, and was afraid she would roll out of bed. The attack lasted an hour or more. There was nausea, but not vomiting, and no sign of defective audition. Two days later she had a slight fall, and at once began to exhibit a new symptom. When walking in her room she said the room seemed to rotate to left; her head became confused, she looked alarmed, and instantly began to spin around a dozen times and then fell into a chair. This took place dozens of times daily, and more rarely she had vertigo while lying down. There never was an attack while in the street. She recovered slowly but entirely.

I meant to say nothing as to the vertigoes of mechanical cause, as sea-sickness; but within a few years I have had attention called to one which is somewhat novel, and worth mentioning, namely, that I found some of my patients were made vertiginous by the use of the elevators now common in hotels. The downward motion they described as worse than the upward movement. On inquiry, I found that, now and then, the person who ran the elevator suffered with cumulative vertigo, ending, daily, in nausea and headache. I have known persons to abandon the work on this account alone. Others feel it for a time, and most people not at all.

The treatment of vertigo is one which those who see most of the varieties of the disorder must approach with a certain amount of humility. In the first place, there is no drug which holds to vertigo the same relation which the bromides hold to epilepsy. The nearest approach to specific medication lies in the use of vascular tonics, like digitalis, moderate doses of ergot, and where pallor occurs, in nitrite of

amyl, as a means of relief for the immediate onsets. Cold douches are also valuable; but above all, the use once in five days of the actual cautery on the neck, is the most certain agent. For this I freeze the parts a few moments, with a piece of ice sprinkled with salt, and then press on the insensible part the point of a gas cautery, until it is just felt, and no more.

The application is painless, and needs no dressing. When the worst of the attacks are over, small doses of the bromides, 10 grains, *ter in die*, are of service.

Apart from these means it is, of course, needful to consider the general health, the presence of anæmia or malaria, and to study with care the extra-cranial sources of mischief. Among these the state of the stomach comes first, for although as to the frequency of gastric vertigo I think Trousseau unacountably misled the profession, we must all admit that there are gastric vertigoes, and that they are very obstinate. When all other means fail, as fail they may, there is one resource in milk diet, thoroughly used, which very seldom fails us.

The ocular vertigoes demand, of course, careful correction by glasses, and I say careful correction because, over and over, I have seen failures owing to want of care on the part of oculists.

I recall one recent case in which intolerable vertigo, so bad as to make a useful life miserable, was at once relieved by proper glasses, although the eyes had been previously supposed to be duly corrected.

The aural vertigos are most troublesome. I treat them now by points of cautery behind and in front of the ear, alternately, and sometimes by free leeching early in the case. Professor Charcot showed me a case of the worst sort, in which ease had been obtained by enormous doses of quinine. Careful study of the outer ear sometimes gives a clue to treatment. I have now a case in which there was a small ill-smelling ulcer on the roof of the meatus. It was cauterized and cured, and at once the graver attacks ceased, but the condition I have described as the *status vertiginosus* still remains as it is apt to do in all cases, from whatever cause they may arise, when once this cause has been actively mischievous for a length of time. This hint I cannot too forcibly impress.

As to tobacco, a common cause of vertigo, there is, of course, but one plan, total abstinence; and nothing less will answer; and even then the disorder will often require long treatment by douches, digitalis, and small doses of bromides.

The vertigo of coarse brain lesions is hopeless, unless they arise from syphilis, and as to this, I have said enough in former lectures.

—The wholesale druggists of Pittsburg are taking action to have the collection of the patent medicine tax delayed until the next session of the Legislature, when it is believed the act will be repealed. It is claimed that the law, which for twenty-five years has been really a dead letter, is oppressive and prohibitory.

Medical Societies.

PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY FRANK WOODBURY, M. D.

A conversational meeting was held April 11th, 1877 (continued from page 488), Dr. Henry H. Smith in the chair. A vote of thanks was unanimously given to Dr. John B. Roberts, for his paper on Extirpation of the Rectum.

The President requested Dr. Levis to describe the operation and to give some of the details of the method he had pursued in extirpation of the lower bowel.

Dr. Richard J. Levis stated that the question of operation in cases of cancer of the rectum is simply one of practicability. Many years ago he had decided to remove a cancerous rectum in favorable cases, that is, where removal of the diseased structure is practicable, but only recently had met with such cases As to the type of the disease, epithelioma is the usual form which is found; it is that variety of cancer which is least removed from the normal type, and is most amenable to treatment.

In the operation described in Dr. Roberts' paper, there was positively no hemorrhage from the rectum or its surroundings; what small amount of blood appeared came from capillary oozing from the superficial wound, and was less than a fluid ounce in all. This immunity from bleeding was due to the manner of operating. Having in mind the danger of hemorrhage from the vessels of the rectum itself, he carefully enucleated the viscus by breaking away its adhesions with his fingers. In front, the connection with the base of the bladder and the prostate gland was so close as to require division with the serrated toothed scissors. Pursuing his method he found no difficulty in bringing the rectum outside of the body when he was readily enabled to cut the adhesions at his leisure, and to tie the vessels as they were opened.

The point of special interest to surgeons is the removal of the rectum without hemorrhage.

Dr John Packard said that he had reported, in the *American Journal of Medical Science*, a case of lumbar colotomy in which there was a very gratifying result. There is no difficulty whatever in controlling the discharges; there is no odor about the patient, and his sufferings are entirely relieved. It seems that colotomy is capable of giving much greater relief than is generally supposed. In reference to the operation discussed in the paper, he asked whether a clamp to secure the gut to the skin would not be preferable to sutures, and also, if the cul de sac of the peritoneum is not dragged down by the operation so as to lead to the danger, in some cases, of opening the peritoneal cavity?

Dr. Roberts. The experience of the French writers leads them to state that there is no

danger of pulling down the peritoneum, but they do not say whether it is peeled off from the rectum or not.

Dr. Barr has a case of cancer of the rectum, of four years' duration, which has been complicated by several attacks of epilepsy, followed by paralysis. He inquired if Dr. Levis thought that such a case was a favorable one for operation?

Dr. Levis said that the general condition of the patient would greatly influence the surgeon in deciding, in any particular case, whether or not he would bear the operation; but, in his opinion, where the question lies between colotomy and extirpation of the rectum, the latter operation is to be preferred.

In reply to Dr. Packard, he stated that the cellular tissue is loose, and is easily separated, and requires no special attention. but the vascular supply by the superior, middle, and inferior hemorrhoidal arteries is abundant, and requires careful management. He had proceeded very slowly, and tied each vessel and branch as it was cut, and had thus effectually prevented any loss of blood.

Dr. P. D. Keyser said that while he was studying in Munich he saw a case in which Nussbaum had performed this operation of removal of the rectum from a woman, excising at the same time part of the vagina that was involved in the disease. The patient survived the operation several years. In 1863 Nussbaum wrote a very excellent paper upon this subject, advocating the removal of any diseased part of the bladder or vagina, and described four cases operated on by him. The first was that of a man 48 years of age, who lived thirteen months very comfortably after. The second, a man of 54 years, lived seventeen months. The third, a woman, aged 55, died the following day, from acute peritonitis; and the fourth, of 33 years, lived three years. In both male cases there was complication with the bladder, and in the female with the vagina. In relation to the danger of cutting the peritoneum, Nussbaum found that this membrane separated itself so easily from the intestine that it was seldom drawn down with the gut. With the fingers pushed in the wound, it could very easily be loosened, and if it should come down, could be replaced. Schuh, on the other hand, had no fear from the injuring of this tissue, as he had seldom seen any severe inflammation arise therefrom, and good recovery thereafter. Nussbaum recommends the extirpation of the contiguous portion of the wall of the bladder, or the vagina, if also affected. He has found that such wounds heal rapidly, and as well as operations on the bladder for stone, and on the vagina for fistula.

As to priority in the operation, he (Dr. Keyser) desired to state that Faget never extirpated any part of the true rectum, but that he and Cheselden removed only excrescences that grew on the sphincter, and extended as far as the inner ring of the same. But that Béclard, in 1822, was the first who really cut off or out the end of the gut. He was strongly opposed by Desault and Boyer, and the operation was not again made until Lisfranc demonstrated it as practical and useful. He was followed by Wardrop, Stirling and Dieffenbach. But it remained for Schuh, of Vienna, to bring it most favorably into light. He had the boldness to advocate the extirpation of any diseased part of the vagina at the same time with that of the rectum. Since which Nussbaum has been the advocate of this operation, and recommends not only the extirpation of the diseased part of the vagina, but also of the bladder, in the male.

Editorial Department.

Periscope.

How to Introduce the Eustachian Catheter.

In the *Medical Press and Circular*, Dr. H. McNaughton Jones, after saying that not a few surgeons hesitated to introduce the catheter into the Eustachian tube, gives the following directions:—

The catheter, held lightly between the forefinger and thumb of the right hand, the left being in readiness to transfer to it, has its curved point, directed downward, introduced into the nostril; the hand being then raised, the catheter is carried quickly, unless there be any obstruction, horizontally, along the floor of the nares, all force being avoided, until the pharynx is touched posteriorly. The instrument is then drawn gently forward about half an inch, at the same time that it is rotated upward and outward, until we know by the direction of the ring at the outer end that it is turned toward the ear. It is then felt in the tube, having ridden over the posterior lip, and we verify the success of the operation by inflation. Löwenberg and Politzer recommend a plan which it is well sometimes to adopt if we miss the orifice, namely, to turn the catheter in, withdrawing it from the pharynx inward, with its point in a direction downward, until we feel it against the septum, and then by rotating the catheter outward and upward, to turn it toward the Eustachian tube. Unavoidable difficulties are sometimes met with in the nares, such as abnormalities in the turbinated bone and the septum, or from hardened masses of mucous. The ingenious device of Dr. Noyes,

who some years since introduced the catheter with the double curve for right and left tube, enables us as a rule to disregard these obstacles, as it is seldom that both nostrils are affected in this way, and by this modification we can readily catheterize through the opposite one. The catheter is held in the right hand for the right nostril, and *vice versa*, at a right angle to the nose, on a line with the floor of the meatus; the back of the hand being turned upward, the beak of the catheter is introduced at the inner side of the corresponding nostril. The catheter, kept close by the septum, is carried for a short distance backward, when the hand is brought down, the direction of the catheter being gradually changed to that of the horizontal one maintained in passing the ordinary catheter. With a sweep it is carried round the septum posteriorly, and then rotated inward, the point readily entering the Eustachian tube of the opposite ear.

Treatment of Diphtheria.

The *Practitioner* states that Dr. Tenholt, of Vienna, recommends a mixture of salicylic acid and lime-water, containing two parts of the former to two hundred of the latter, in the treatment of diphtheria. The solution may be applied with a brush, or as a gargle. In children, or where great difficulty is experienced in applying it, half a teaspoonful may be given with a little milk every half-hour, as a drink. Averbeck recommends that the patient should be well nourished, that no attempts should be made to remove the diphtheritic slough, since every wound effects a new inoculation, and every half-hour he blows into the throat some flores sulphuris non depuratæ, with the addition of salicylic acid. If the swelling is great, and the insufflation cannot be accomplished, he applies warm water dressings, on Priessnitz's plan, to the neck, washes the mucous membrane with carbolic acid, or salicylic acid and water, and administers quinine internally.

Salicine in Intermittents.

The following cases of the use of salicin, though embodying no new facts, are interesting, on account of the revival of the drug. They are given by Dr. W. Thomson, in the *British Medical Journal*, April 28th:—

Case 1.—R. B., aged thirty-two, a native of the Isle of Ely, had been twice under my care, first in November, 1875, and secondly, in March last, for severe attacks of ague. He was treated with quinine, and was three weeks under treatment on each occasion. He said that was a shorter time than usual. On October 2d I was sent for to see him at 10 A. M. I found him in bed, shaking all over, his teeth chattering, with the painful, unhappy expression of countenance one invariably finds in these cases; the skin was moist and clammy; temperature 103°; pulse weak and frequent, 110. He had a hot bottle to his feet, and had taken hot port wine, without feeling better. I told him I was going to send him a new remedy, and he was to be very particular in following the directions and noting his feelings after each dose. I sent him twelve powders, with thirty grains of salicine in each one, to be taken every two hours. I saw him again at six P. M., six hours after the first dose. His temperature was 99°; pulse 80. He said he had taken only four powders; he felt so much better after the first. The chilliness began to abate; three hours afterward all unpleasant feelings had vanished, and he thought he need not go on with the medicine. He was ordered to leave off the salicine, unless he felt worse. On October 3d, at 10 A. M., I found him up by the fire, looking weak and tired, but saying he felt well. I told him to be careful, as next day he might have a relapse. On October 4th, at 10 A. M., I found him as on my last visit; he, however, told me that, at six in the morning, he had "the same old feels" come on, and had it not been for the powders, of which he took two, he was sure he would have had it again. He was ordered to take a powder night and morning, and come and see me on the 6th, which he did, looking much better. He went from home for a week, and when he came back he said he had not had such a short autumnal touch for five years, and asked me for some of the medicine to keep.

Case 2.—Jane G., aged forty; was seen on October 10th, in bed. Her skin was wet with perspiration, and she was very shaky. She could with difficulty sit up. She had been ill every other day for a week. She was ordered to take thirty grains of salicine every two hours until I saw her again, which I did on the morning of the 12th, when she gave me the following account: "After the second powder the perspiration stopped, and after the fourth the chilliness had gone, and the stiffness in the limbs was much relieved." Next day she was comparatively well. The next morning she was surprised to find herself equally so. She was ordered to stop the medicine, and only take it again if she had any premonitory symptoms. Four days afterward she was quite well.

Case 3. The following case I consider very satisfactory. W. A., aged 74, had been subject to ague at times for years. He had now been six months under treatment. Quinine had been administered in full doses, until he vowed he would take no more, as he believed he felt worse after it. Nitro-muriatic acid agreed better. The paroxysms of ague occurred every three or four days, generally three times a day. As the next would be his bad day, I ordered him to begin the salicine to-night (thirty grains every two hours, if awake). I saw him at 4 P.M. next day. He had had only one fit, and that the powder seemed to stop short. He felt and looked much better. He was ordered to take thirty grains every four hours, until after his next bad day; if not well then, to continue the medicine until seen again. I visited him

on December 9th. He said he had a slight feeling of chill the fourth day after beginning the salicine, but yesterday (the 8th) he felt as well as to-day, and that was better than he had done for six months. In fact, he said his limbs were not so stiff as usual, and he walked much better.

The Petroleum Product, Cosmoline.

In a recent number of *L'Union Medicale*, a report of a communication is given, made by Dr. G. Camusat to the Society of Medicine of Paris, on the unctuous hydro-carbon obtained from petroleum, known as cosmoline. The petroleum oils of America, and the naphtha of the Caspian Sea and elsewhere, furnish, on distillation, a series of products, the lightest of which are gases, the formenic series, C_2H_4, and the heaviest the solid paraffines. Between them are the soft olefines. Cosmoline, with which M. Camusat experimented, he defines as unctuous, clear yellow, greasy, and adhesive, fusing at 40° Cent. It has no decided odor, a greasy taste, and a density of 0.92, between that of water and alcohol. It is not soluble in either of these, but is, at all proportions, in ether. It is not affected by oxydizing agents, nitric or chromic acids, and is wholly neutral and without affinities. This inalterability makes it a valuable vehicle for local applications; he had tried it with much satisfaction at the Hôpital St. Louis. The chief use he had made of it was in ophthalmic surgery, as a pomade. It is perfectly well borne by the conjunctiva, and is superior, for application to such delicate parts, to anything Dr. Camusat has yet tried. For the general dressing of wounds, he had also found it a very superior article.

The Therapeutic Use of Bloodletting.

In the *Bull. de Therapeutique*, writing on this topic, Dr. Trastour admits that many agents may be successfully employed instead of bleeding, such as sulphate of quinine, wine, coffee, alcohol, tartar emetic, calomel, alkalies, aconite, digitalis, etc.; but he nevertheless thinks that the omission of venesection often deprives the practitioner of a safe and rapid means of cure, and he offers some observations, founded on his own personal experience, in support of this view. In the first place, however, he declines to lay down any general rule on the subject, and considers that every case should be treated according to the peculiarity presented by the individual. In eruptive fevers, erysipelas, typhoid fever, etc., he agrees with those who abstain from bleeding altogether; but in acute pulmonary congestion, in pleurisy, and in some cases of acute dropsy, he believes bleeding to be occasionally very useful. He has himself lately attended a nun of eighty years old, attacked with pneumonia, and apparently on the point of death, and who, it appeared, had been frequently bled. Dr. Trastour bled her again, and she subsequently untied the ligature, thus renewing the flow of blood. The improvement was so remarkable that a year afterward she begged to be bled again, for fear of a fresh attack of pulmonary inflammation, with which she seemed to be threatened. Dr. Trastour also refers to some cases at the Salpêtrière, where females of eighty years old and upward were bled; and out of sixty-five cases of pneumonia thirty-one were bled, of whom eighteen recovered and thirteen died, which he thinks not a bad result under such circumstances.

On Dyspepsia.

At a late meeting of the Harveian Society of London, Dr. Farquharson read a paper on this subject.

Attention was directed to the state of the tongue in dyspepsia. A deeply fissured tongue often meant little; whereas a thin white fur, composed of minute dots, was generally found along with pain immediately after food. Pain after a longer interval was accompanied by a pale, flabby tongue, with reddish tip and centre. The treatment of dyspepsia consisted of two parts, that of food and that of drugs. The latter was the principal part with patients applying for gratuitous relief. The pain occurring immediately after food was usually relieved by alkalies; whereas acids were indicated where suffering was not experienced until an hour or two after the commencement of the digestive act. For the relief of the nausea and sickness remaining after the bowels were thoroughly cleansed, nothing was so effectual as hourly drop-doses of ipecacuanha wine. Nux vomica was also a valuable remedy. Pain might be but the protest of the stomach against an overload, or be the result of deficient tone, from general nervous exhaustion. In some cases each meal was followed by diarrhœa; and for these cases attention was directed to Ringer's plan of minute doses of the liquor hydrargyri perchloridi. In speaking of diet, Dr. Farquharson pointed out that there are three forms of dyspepsia: 1. The dyspepsia of fluids, as it is called, where the stomach seems intolerant of all forms of fluid; 2. The digestive derangements following intemperance in the matter of animal food; and, 3. The dyspepsia connected with indulgence in tea, or other warm and weak infusions of tannin.

Treatment of Elephantiasis.

Mr. W. Willis, of Japan, writes to the *Lancet*:—

My object in writing is to draw the attention of young surgeons who may have occasion to operate in such cases to a plan of procedure which I venture to recommend after a somewhat extended experience. When practicable, bandage the tumor tightly with an elastic bandage, so as to render the parts as bloodless as possible. Before removing the bandage, apply an elastic band tourniquet to the root of the tumor, so as to stop circulation. Preserve any tolera-

bly good skin at the neck of the tumor by dissecting it back to the line of amputation. In case of scrotal tumors, cut down upon the penis and testicles, and free them from the surrounding mass. If there be hydrocele, open it, and remove part of the tunica vaginalis. Cut away the tumor, leaving the penis and testicles. Remove the elastic band tourniquet, and arrest hemorrhage. The testicles may often be covered with skin dissected back from the neck of the growth. If, however, one or both testicles be much enlarged, it or they should be removed. In regard to tumors of the labia, any healthy skin or mucous membrane within the enlarged vulva should be preserved, as well as that of the neck of the tumor on its outer aspect. After removal the edges of the wound are to be brought together by sutures, and the wound dressed according to the system in which the surgeon happens to have most faith.

The restoration of sexual competence will not be deemed by the patient a detraction from the merits of the operation.

Hypodermic Employment of Colchicin in Chronic Rheumatism.

Dr. O. Heyfelder, of St. Petersburg, states in the Berlin *Klin. Woch.*, that, he having seen, in the Spanish journals, an accoun tof the advantage which Dr. Badia derived from the hypodermic use of colchicin in a case of chronic rheumatism, was induced to try its effects in seven cases, two milligrammes in a gramme of water being employed. Upon the whole, the effects have been remarkable; and Dr. Heyfelder regards it as an efficient and speedy means of treating chronic rheumatism of the joints and rheumatic neuralgia, and well deserving of notice. Wherever febrile action prevails, and in parts exhibiting local inflammatory action, it is contraindicated. Its first application sometimes induced a moderate, and in one case considerable, local irritation. This irritation, in different degrees, was produced in nine out of the twenty-eight injections that were made in the seven cases. In persons with very sensitive skins the dose might probably be diminished. Where, also, there is local inflammation, the injections should be made at a distance; and the vicinity of large lymphatic vessels should be avoided.

Cyanide of Mercury in Diphtheria.

Dr. A. Erichsen (St. Petersburg *Med. Woch.*, April 14), on the strength of twenty five cases in which he tried it, strongly recommends minute doses of cyanide of mercury (*hydrargyrum cyanatum*) in diphtheria. He believes in the efficacy of mercury abridging the duration of the diphtheritic process, while he knows of no other preparation except this which does not quickly disturb digestion and nutrition. Given in small doses, it scarcely disturbs the alimentary canal at all, even when continued for a long time. Indeed, syphilitic children, from a year old, may be treated for weeks without any such disturbance occurring, if it be given in doses of one-forty-eighth of a grain thrice daily. In diphtheritis, Dr. Erichsen has used it at various ages—from seven months to fourteen years—as well as in adults, and in all the cases it was well borne. In a short time the membranes became thinner and less adhesive, so that even where they had spread into the larynx and induced obstruction, with cyanotic coloring of the face, they still separated and rendered the larynx free again. This was the case in three of the instances occurring in young children, the symptoms which seemed to threaten death or to require tracheotomy yielding to the internal use of the cyanide and the local application of hot sponges. This mode of treatment has also the advantage of rendering the necessity of local applications to the fauces much less frequent; and penciling the parts with tincture of iodine twice a day suffices, instead of the constant applications, which are so irksome. The dose varies with the age, children to their third year requiring only one-ninety-sixth of a grain, and older children and adults one-forty-eighth of a grain every hour during the day, and every two hours during the night. The following is the formula employed:—

℞.	Hydrarg. cyan.,	gr.j
	Aquæ destil.,	℥vj
	Syr. simp.	℥ss.

A half or a whole teaspoonful every hour.

Most of these twenty-five cases were children from the third to the fourth year of age, in whom the prognosis is not so favorable as in older children and in adults. Of the twenty-five only three proved fatal—one from paralysis of the heart, a second from suppurating parotiditis, and the other from coinciding meningitis; but in all the cases—even in the fatal ones—the diphtheritic process was arrested.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"*The Medicinal Properties of the Healing Springs*," Bath county, Virginia. Containing analysis of the water, and a few certificates of cure of Diseases of the Skin, etc.

——"*The Discovery of Anæsthesia.*" By J. Marion Sims, M. D. Reprint from Virginia *Medical Monthly*, May, 1877. An interesting paper on the history of Anæsthesia, and containing engravings of two of the four claimants, viz., Crawford W. Long, M. D., of Georgia, and Horace Wells. The remaining claimants are W. T. G. Morton and Charles T. Jackson, of Boston. The claims of Long have never been

fairly stated, it is thought; an interesting biographical sketch is given of each of the claimants. Some of the summarized facts are: That Sir Humphrey Davy proposed nitrous oxide gas as an anæsthetic; that Wilhite was the first man to produce profound anæsthesia, which was done accidentally with sulphuric ether in 1839; that Long was the first man to intentionally produce anæsthesia for surgical operations, and this was done with sulphuric ether in 1842; that Wells, without any knowledge of Long's labors, demonstrated the great principle of anæsthesia by the use of nitrous oxide; that Morton intended to follow Wells in using the gas as an anæsthetic in dentistry, and for this purpose asked Wells to show him how to make the gas (1846). Wells referred Morton to Jackson. Morton called on Jackson for information on the subject, and Jackson told Morton to use sulphuric ether instead of nitrous oxide gas, as it was known to possess the same properties, was as safe, and easier to get. Morton acted upon Jackson's off-hand suggestion and used the ether successfully in the extraction of teeth (1846).

——*Electricity as a Restorative Agent in Narcosis and Asphyxia.* By John J. Caldwell, M.D., Baltimore. Reprint from Virginia *Medical Monthly.* The current is used by placing the positive pole over the pneumogastric nerve at the angle of the sterno-cleido-mastoid muscle, while the negative pole is placed upon the epigastrium. A powerful primary current is applied and continued until signs of recovery are evident.

——An Essay on *The Abuse of Nitrous Oxide Gas.* By George T. Barker, D. D. S., which, after calling attention to the indiscriminate use of nitrous oxide gas as an anæsthetic, rather reflects upon the medical man's ability to decide upon the retention or extraction of a diseased tooth for his patients, and questions his right to advise in such cases, in contradistinction to the dentist, besides stating that those of the medical profession who favor the anæsthetic use of nitrous oxide gas in short operations accept the advertised statements of its harmlessness, rather than from any practical or theoretical demonstration.

——*Recent Nomenclature and Classification of Diseases of the Skin*, by L Duncan Buckley, A. M., M. D. The classification is not a new one, but it is an effort to harmonize the classifications now in practical use, and to present the entire subject in a concise, clear, and practical manner. A folding vest-pocket chart of this nomenclature is arranged for the use of classes in dermatology.

——*A Description and Explanation of the Method of Performing Post-mortem Examinations in the Dead house of the Berlin Charité Hospital, with Especial Reference to Medico-legal Practice.* By Prof. Rudolph Virchow. Lindsay & Blakiston, Phila., 1877. Price 75 cents. An excellent little book, being a good guide to the method of properly carrying on post-mortem examinations of every region of the body.

BOOK NOTICES.

Johnson's New Universal Cyclopædia. Vol. iii.

The third volume of this excellent cyclopædia is upon our table, and fully equals the previous portion of the work. In noticing it, we shall, as with reference to the last volume, pay particular attention to the medical and physical articles it contains.

Early in the volume is a very well illustrated and useful notice of "life-preservers," giving their various forms, down to that of Paul Boyton. Similar in sanitary interest is the admirable contribution on "Lightning rods," by Professor Joseph Henry. The article on "Medicine" is a very brief and perspicuous historical sketch, by Dr. E. D. Hudson, Jr. An appreciative résumé of "Animal Morphology" is given by Professor T. Gill, while Professor Asa Gray treats on "Vegetable Morphology." The competent pen of Dr. E. C. Seguin has been enlisted for "Nerves," "Nervous Diseases," "Neuralgia" and "Neuritis." "Obstetrics" is quite fully discussed by Dr. Paul F. Mundé. The excellent article on "Opium" is by Dr. Edward Curtis, who also contributes a number of others on allied subjects. "Ophthalmia" and "Ophthalmology" are by Dr. C. R. Agnew. A full and richly illustrated discussion on "Osteology" is by Professor E. D. Cope. "Quarantine" is ably handled by Dr. S. Oakley Vanderpoel. The article on "Rheumatism" is by Dr. Edward J. Bermingham.

This incomplete list will sufficiently indicate that the intelligent publishers of this work have seen the wisdom of employing first-class scientists to prepare original articles, rather than to depend on clippings and stealings, as so many encyclopædia makers have heretofore done.

THE

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THE LITERARY ESTIMATE OF MEDICAL ART.

It requires but a slight tincture of literature to notice how physicians have, as a class, gained in social standing since the revival of literature, and especially since the birth of scientific observation, properly so called.

Take as an example of the sixteenth century, Montaigne, of the seventeenth Moliere, and of the eighteenth Lesage, all names of the highest note in literature, and compare their frequent descriptions of medical men and medical art with those in the current literature of this century, and how striking the contrast!

In that admirable and characteristic one of Montaigne's essays "On the Resemblance of Children to their Parents," he gives vent to all his scorn and contempt for physicians. He ransacks antiquity for anecdotes to cast contumely upon them. He quotes with zest the reply of Nicocles to a physician who boasted of the greatness of his art: "Yes," replied the Greek, "that's so, it gives you the privilege of murdering with impunity." He cites with pleasure the law of the Egyptians, who made the doctor responsible for the life of the patient, if he was not cured in three days. He asserts that Cato, the Censor, did a meritorious act in banishing all the physicians from Rome (which Cato never did, by the by). All this and much more he brings in as germane to the subject of his chapter, by introducing an anecdote of his old uncle, who, when he was told that the doctor had been sent for, threw himself back in despair and exclaimed, "I am done for, then."

The doctor of medicine was the favorite butt of Moliere's wit. The "faculty" is represented as a compound of ignorance, pedantry and intolerance; their consultations are jealous quarrels or bragging speeches; their great anxiety that their rivals shall not succeed! One of them says: "Since heaven has made the people so infatuated with us, do not let us open their eyes by our quarrels, but rather profit by their silliness." Another tells the father of a sick young lady, "if your daughter does die, you will have the consolation of knowing she died according to proper forms. Better to die according to rule than recover against rule."

Lesage, in the famous picture of Dr. Sangrado, has left an immortal satire on the profession; but it is but one of many passages in his works where he heaps his ridicule on our avocation.

But see how great a change takes place after the commencement of scientific thought in the latter half of the last century.

The great Goethe was one of the first to recognize it. In his beautiful autobiographical work, "Truth and Poetry from my Life," he tells us—

"At Strasbourg, the greater part of my associates at meals were medical students. These, as is known, are the only students who instruct themselves with energy concerning their science and profession, beyond the usual hours of study. This lies in the nature of the case. The objects of their labors require the greatest thought and

are of the highest kind; they are at once the most simple and the most complex. Medicine concerns the whole human race, because the whole human race are concerned with it. All that the youth learns points directly to a weighty, indeed dangerous, but in many senses a remunerative profession. He throws himself, therefore, with passion, to find out what is to learn and what to practice, in part because the things themselves interest him, and in part because of the pleasant prospect of independence and riches which is opened to him."

Elsewhere he tells us that there are but two vocations the pursuers of which are received as intimates and equals by those of the loftiest birth and most exalted positions, the ministry and medicine, because, he adds, at some period in every life the devoted services of these two are imperative and priceless.

So we could quote from Balzac, from Dickens, Thackeray, from hosts of novelists and dramatists of lesser note, in whose pages similar tributes are paid to the importance and to the real present worth of the medical art of this century. Indeed, the writer who would dare to indulge now in anything like the contemptuous expressions of Montaigne would very effectually write himself down an ass, for there is too much of positive knowledge and efficient remedial resources in the medical art of to-day for any one to contemn it, or for any man of sense to dispense with it.

Notes and Comments.

The Feeding of Infants.

In an article on this topic in the *Medical Press and Circular*, Dr. Wm. Faussett claims to establish the following leading principles:—

1. That aliment should always be presented to the infant stomach in a perfectly fluid form.

2. That as bread and farinaceous substances generally have been proved by experience, and recently by numerous post-mortem examinations, to be often indigestible, and to have led directly to infant mortality, such substances had bettter be excluded from infant feeding.

3. That cow's or goat's milk, when pure and modified as much as possible to resemble human milk, will often be found sufficient, without any other help, to nourish the new-born infant.

4. That as cocoa contains all the elements indispensable for the growth and development of the body, and can always be presented in a fluid form, it is, next to milk, preferable to all other natural substances as an article for infant aliment.

There is one other point which, though only indirectly connected with infant feeding, is one of paramount importance, as regards the present and future health of the individual, viz., the necessity of guarding against the hateful practice of covering the child's face as it sleeps.

The mistaken kindness and over-zealous attention of nurses in excluding the pure air of heaven from entering the lungs, in order to guard against the effects of cold, will often be exhibited in the soft, pale, flabby condition of the infant's body, while a cachectic condition of the blood will be insidiously generated, which must prevent the infant thriving for the present, and possibly may lay the foundation of tubercular and other diseases in after-life.

Sunstroke in Children.

Dr. Charles West said, at a late meeting of the Royal Medical and Chirurgical Society, that sunstroke in children did not always depend on direct insolation, but might be produced by exposure to heated air, even when there was shelter from the direct rays of the sun. He had sometimes, under these circumstances, seen very general paralysis in children, as a temporary condition. He did not know any means of deciding at the beginning of a case of paralysis in childhood, whether it was likely to be permanent, or to end in more or less complete recovery. If, however, much hyperæsthesia were present, the chance of recovery was generally less, although there were exceptions. The cases which absolutely recovered were those in which the improvement commenced very early.

The Nature of Fever.

Dr. Wilks recently remarked, in a lecture at Guy's Hospital, that clinical thermometry has thrown much light on the pathology of the "feverish state;" it has revolutionized medical opinion as to this condition. Formerly, this condition was supposed to indicate a measure of the amount of morbid poison in the system; now we know that the symptoms are due to the

pyrexia, and directly proportional to its intensity. Feverishness is due to the amount of tissue waste, as is proved by the increased excretion of urea and phosphates. The cold bath reduces the pyrexia and coincidently lessens the feverish symptoms. In variola, the most virulent cases, in which there is evidently the greatest amount of morbific material in the system, are almost apyretic and devoid of feverish symptoms; clearly, then, the poisonous material does not produce these symptoms. So in enteric fever the symptoms are moderate if the temperature be not high; the feverish symptoms are due to the temperature.

On Suicide.

At the last meeting of the Association of Superintendents of Asylums for the Insane, an interesting paper on "Suicides" was read by Dr. Gray, of the Utica (N. Y.) Asylum, in which he took the ground that while suicide is an unnatural act, it is not necessarily an evidence of insanity.

Dr. Vincent Richards, of Bengal, states that the testimony of medical officers in India goes to show that high temperature has great influence in determining the number of suicides in any given year. The majority of suicides are, he says, committed "during a state of mental excitement—in fact, impulsively—when the nerves are, so to speak, strung to the highest pitch of irritability; even those of the most phlegmatic temperament must have experienced the comparatively irritating effect of the hot weather months."

The Relation of Age and Season to Disease.

The *Lancet* informs us that in the recently issued Supplement to the Monthly and Quarterly Returns of the Births, Deaths, and Marriages registered in Scotland in 1876, an attempt is made to illustrate the incidence of fatal disease at the various seasons of the year upon persons of different ages. Thus children, during the first five years of life, died in largest numbers during the months of February and March; January and May were also months of considerable mortality among this class of age. After May the deaths fell off. The minimum of deaths was reached in September. Adolescents, or those aged from five to twenty, died in greatest proportion in April, which was a cold, ungenial month, and likewise in May. The minimum mortality of adolescents was in November and December. Adults, among whom are included all persons between twenty and sixty years of age, died in largest proportion in February, March and January. The mortality among adults attained its minimum in October, and continued low during November and December. Elderly persons, including all aged sixty and upwards, suffered most severely in March and February. As in the case of adults, the mortality of the aged was at its minimum in October, and then continued low to the end of the year.

The Treatment of Genu Valgum.

At a late Society meeting, Mr. Ogston, of London, explained a plan that he had lately adopted for treating this affection, and which consisted in making a small incision through the skin, from two to three centimetres above the internal condyle of the femur, with antiseptic precautions. Mr. Adams' saw is then introduced through the wound thus made, and a piece of the condylus internus is sawn through obliquely; after this has been done the leg is straightened. Three cases treated in Aberdeen in this manner have been entirely successful. In the discussion which followed upon the paper, the majority of the speakers appeared favorably impressed with this idea; but the President remarked that he had had good results in some cases of genu valgum by simply dividing the external lateral ligament of the joint.

Sub-periosteal Surgery.

At the Congress of German Surgeons in Berlin, in April, the President, Professor von Langenbeck, showed to the Society some specimens of sub-periosteal surgery, which Professor James R. Wood, of Bellevue Hospital, New York, had expressly sent over to the Congress by his house surgeon, Dr. Wiggin. The object of chief interest was an inferior maxilla, which had been completely regenerated after excision. The patient was a young woman, eighteen years old, who suffered from phosphoric necrosis of the lower jaw, the result of working in a match factory. The whole inferior maxilla was affected, and the entire bone was removed sub-periosteally at two separate operations. The patient made a good recovery, and returned to her former occupation, but died three years later, from cerebral abscess. Dr. Wood was fortunate enough to obtain the

whole skull. The new maxilla was small, but complete and symmetrical, and must have proved of great benefit to the patient. By the side of the preparation the necrosed jaw which had been removed was displayed. The President stated he had operated in four cases for phosphoric necrosis of the inferior maxilla, and showed specimens and photographs of patients in whom the bone had been reformed. These cases proved that the newly produced jaws remain, although it was an admitted fact that in sub-periosteal excision of the superior maxilla there was only slight new osseous formation. He thought that if the whole inferior maxilla was to be taken away, it was better to do so by two operations rather than by a single one, as if the jaw is removed altogether at once, retraction is apt to follow. In conclusion, he thanked Professor Wood for his kindness in sending his specimens to Germany.

Correspondence.

A Singular Case of Gangrene.

Ed. Med. and Surg. Reporter:—

In August, 1863, I was called to see a mulatto man, aged 22, who was suffering with an attack of urticaria. I prescribed an emetic of ipecacuanha, to be followed by one ounce of sulph. magnesia, which gave prompt relief. The next day the man went to his work (that of gathering fodder) apparently, perfectly well. In a few days he was seized with severe pain in the great toe of the right foot, which continued several hours, and was followed by gangrene, which rapidly extended up the limb. After the disease had traveled as far as the knee, pain, in all respects similar to that first felt, was complained of in the great toe of the other foot, and in like manner was succeeded by gangrene. The disease was exceedingly rapid in its course in both limbs, and never presented any line of demarkation. In other respects, the patient was, apparently, in good health—every organ performing its functions in a healthy manner. His appetite was unusually good, digestion perfect, bowels regular, tongue clean and moist, and mind rational and cheerful to the last. In fact, he seemed to be somewhat indifferent as to his condition, and in a very jolly way would criticise the appearance of his limbs. In about a week's time the disease invaded the body, and rendered life extinct. I made no notes of this case at the time, and therefore rely upon memory in reporting it; but it made such a lasting impression that I am sure the statement is correct, at least in essential points. The patient had always enjoyed most excellent health.

Drs. Alexander and Mabry, of Chulahoma, also attended the case. No treatment that we could suggest had any influence over the disease.

Query.—What caused the disease, and why should it begin on corresponding parts of each foot? What caused the agonizing pain, and why did not the system sympathize with the local affection? D. C. McCampbell.

North Mt. Pleasant, Miss.

News and Miscellany.

The American Medical Association.

The Association convened at Chicago on the 5th. The meeting was well attended, and the sections conducted a number of debates with interest. There were in all 650 delegates present. The adjournment took place on the 7th.

The treasurer, upon retiring, reported unusually heavy expenses during the past year, but that he had a small surplus. The committee on publication submitted a lengthy report, urging that a medically educated stenographer be employed to supply the copy of proceedings for pamphlet publication, and making other recommendations. The committee on prize essays reported that only two had been submitted, and neither were worthy of the prize. The following officers were elected. President, T G. Richardson, of Louisiana; Vice-presidents, White, of Buffalo, New York; Gunn, of Illinois; Russell, of Connecticut; Dunlap, of Ohio, with chairmen and secretaries of various sections of the country. Buffalo was selected as the place for the next annual meeting, and the first Tuesday in June as the time.

We have arranged for a full report of the proceedings.

The Association of Medical Superintendents of Asylums for the Insane

Had an interesting meeting at St. Louis the last week in May. A variety of papers were presented, and the meeting was well attended.

The Famine in India.

There has been an appalling famine in the Madras Presidency, India, this year. The official reports show that in the Madras camps during the ten weeks ending March 31st, the total deaths had been 1571 in a mean strength of 11,005—"this enormous mortality simply meaning an annual death-rate equivalent to 930.8 per mille of the population constantly under observation, and, in fact, being a death-rate which wipes out nearly the whole of the living within a year." This fearful death rate was going on, Dr. Cornish asserts, in every relief camp in the country; and the deaths were not due to cholera or small-pox, for "the Madras camps had been singularly free of the

former, and by means of vaccination the small-pox epidemic had been controlled." The deaths were due almost entirely to diseases which invariably, in India, attack under-fed and starved people—viz., extreme wasting of tissue and destruction of the lining membrane of the lower bowel. At Madras, Surgeon-Major Porter reported that the average weight of bodies of full grown men who had died in the relief camps, and whom he had examined, "had varied from fifty-seven to eighty-five pounds."

Death from Transfusion.

A man died in Liverpool, England, lately, from having had his blood transfused into another man who was ill. He went on all well for a day or two afterwards. He then became ill, got gradually weaker, and died from erysipelas. The deceased was a man of full habit, and was occasionally given to drinking. The surgeon who performed the operation, before doing so, made particular inquiries from the deceased as to his habits and state of health, and his answers were satisfactory. At the inquest medical evidence was to the effect that the operation had been skillfully performed. The jury returned a verdict of "death by misadventure," but they were also of opinion that sufficient inquiry was not made by the medical men who made the operation as to the deceased's habits and physical condition, and that he was not sufficiently cautioned as to the risk he was running.

Obituary Notes.

—Dr. J. Y. Dewey, President of the National Life Insurance Company, of Vermont, died on Tuesday, May 29th, at Montpelier, aged seventy-six years.

—Dr. Israel Randolph died at the St. Nicholas Hotel, New York, of heart disease, on Saturday, June 2d. He was said to be worth nearly a million, and leaves only two nieces. He graduated at the College of Physicians and Surgeons in 1828.

Items.

—The ancient cities of Yunnan-fu and Ta-li-fu, in China, have, since the Tai-ping rebellion, been cursed with an endemic disease resembling the plague. It is called the symptom disease, in consequence of the critical enlargements of the lymphatic glands at the arm-pits. Sometimes it attacks one side only of a street. It first kills animals, and then the population, if they have not profited by that warning. The treatment consists of supplying the patient with a jarful of water to drink, and leaving him quiet in his state of stupor, only rousing him once a day, by poking him with a long pole, through the window. But, notwithstanding "treatment," the mortality is heavy.

—Centenarians continue to turn up, in spite of theories that they are impossible. A banquet was recently given in Richmond, England, to Mr. Edward Morgan, of Brougham House, Willesden, by members of his family and a number of friends, on his completing his one hundred and sixth year. The figures are attested by a record in a very old family Bible. Mr. Morgan, who is in vigorous health, was born in Bristol, May 21, 1770.

—The quack doctors of New Hampshire, including all sorts of irregular practitioners, are preparing a petition to the Legislature to remove all restrictions from the practice of medicine.

—An ex-Confederate surgeon, who now edits the Clarksville (Tenn.) *Chronicle*, sailed with Hobart Pasha, the Turkish Admiral, on the blocade-runner *Falcon*, during our war.

—A Chicago man has invented an instrument he calls a "poison sucker," by means of which he extracts the virus from wounds made by mad dogs, and other venomous beasts.

MARRIAGES.

BUCHANAN—EARNIST.—At Richmond, Ind., on the 17th ultimo, at the residence of the bride's father, A. Earnist, Esq., by Rev. Dr. Wakefield, rector of St. Paul's Church, Miss Laura Earnist and A. T. Buchanan, M. D., of Cambridge City, Ind.

FUSSELL—JOHNSON.—On Monday, June 4th, by Friends' ceremony, Dr. Linnæus Fussell to Edith, daughter of Oliver H. and Ellen S. Johnson, all of Media, Pa.

GILMER—JOHNSON.—On the 11th ultimo, at the residence of the Rev. Benjamin Watson, D. D., Allen D. Gilmer, M. D., of Mount Airy, N. C., and Anna M. Johnson, of this city, daughter of the late Luke M. and Anna P. Johnson.

HYDE—KLOPP.—On the 30th of May, at St. Andrew's Church, Philadelphia, by the rector, the Rev. Wilbur F. Paddock, D.D., assisted by the Rev. Thomas L. Franklin, D. D., Rev. Mortimer A. Hyde, of Brooklyn, N. Y., and Ellen Franklin, daughter of Dr. Joseph Klopp, of Philadelphia.

JONES—WHITCOMB.—May 16th, at Ravenna, Portage County, Ohio, Dr. C. E. Jones, of Cincinnati, and Miss Emma Whitcomb.

LANZA—HAMMOND.—On Thursday, the 10th ult., at St. Thomas' Church, by Rev. J. Pinkney Hammond, D. D., uncle of the bride, assisted by Rev. John N. Galleher, D. D., Rev. William F. Morgan, D. D., the Marquis Manfredi-Lanza di Mercato Bianco, of Palermo, Italy, and Clara Nisbet, daughter of Dr. William A. Hammond, of New York City.

MILLER—BROWNE.—At San Francisco, Cal., May 19th, by the Rev. H. W. Beers, rector of Trinity Church, J. Craig Miller, M. D., and Miss Mary K. Browne, daughter of the late N. B. Browne, of Philadelphia.

DEATHS.

BUDD.—On Thursday afternoon, May 17th, Prof. Chas. A Budd, M. D.

KNIGHT.—On the 31st ultimo, after a lingering illness, Dr. William L. Knight, of Logan Square, Philadelphia.

ROWAND.—In this city, on the 9th ultimo, Captain Charles K. Rowand, eldest son of Dr. Charles L. Rowand, aged forty-one years.

STANLEY.—On Thursday, 24th ultimo, Dr. C Graham Stanley, in the thirtieth year of his age.

WILLIAMSON.—Thursday, May 24th, Duncan Williamson, M. D., in the fifty-fourth year of his age.

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Original Department.

Communications.

TREMOR AS A SYMPTOM OF NERVOUS DISEASE.

BY GEO. S. GERHARD, M.D.,

Physician to the Orthopædic Hospital and Infirmary for Nervous Diseases, Philadelphia.

Tremor, or rhythmical and involuntary contractions and relaxations of muscles, is a symptom common to many disorders of the nervous system, depending upon widely differing lesions, and a knowledge of its various forms is, therefore, not only interesting, but is also of much importance diagnostically.

The movements of chorea, ataxia, and the like, are, of course, left out of the consideration, because, though occurring independently of the will, they are non-rhythmical and disorderly.

Clinically speaking, all forms of tremor may be divided into two groups, or classes, viz., those which occur only during voluntary movements, and those which are constant. To the former class belong all that are purely functional in character, and all that are associated with definite organic changes in the nerve-centres, and to the latter the tremor of paralysis agitans.

This division is perfectly natural and self-evident, and was long ago recognized by Van Swieten, but it is only of late years that any attempt has been made to separate the various morbid conditions upon which trembling depends.

Tremors also vary in size, some being small and others large. These differences may be demonstrated by the myograph, which consists of a dynamometer, connected with a lever or index, in such a manner that the results of pressure made upon the one are transmitted to the other, and by it are recorded upon a plate, moved by a clock-work slide. The instrument, in other words, is simply a modification of Marey's sphygmograph. The tracing of a normal muscular contraction is a straight line; but if the contraction be attended by trembling the line will be broken by oscillations, varying in extent and number, according to the rapidity and size of the tremor induced.

The tracings, though interesting, are not, however, of any practical value, because they are subject to so many variations. The myographic tracing, for instance, of a typical case of multiple sclerosis will resemble very closely that of any other typical case of the same disease, but if it be compared with that of a complicated case, it will be found to have lost its identity. The same holds true in regard to the relation that the sphygmograph bears to the diagnosis of diseases of the heart. The pulse trace of aortic regurgitation, for instance, presents well known and readily recognized characteristics, which are at once lost on the occurrence of other valvular trouble.

In regard to the remote causes of tremor, it appears to me that the most plausible theory is that first suggested by Henle. It is that the normal muscular tonicity is maintained by impulses sent from the brain, so closely associated as to leave no appreciable interval of repose between them; in other words, that one begins to act before the effect of the other becomes exhausted. But if this balance be

destroyed by any disturbing influences acting upon the brain, the impulses become separated, widely or otherwise, as the case may be, and, as a result, alternate muscular contractions and relaxations occur. This may be imitated by a rapidly interrupted current of an induction battery, which, when applied to a muscle, pro duces a tonic contraction, but if the current be of less frequent interruptions, the muscle contracts and relaxes synchronously with the making and breaking of the current.

Tremors of the First Group.—Tremor depending upon causes purely functional occurs in a variety of nervous disorders. Its simplest expression—which may be called physiological—is developed by holding an arm for a long time in one position, or by carrying a heavy weight. After an exertion of this kind, all voluntary movements are much embarrassed by the trembling, which, though it soon passes off, differs only in degree from the more permanent forms.

In its worst form, it is met with in the convalescence from acute disease, in chronic alcoholism, in chronic poisoning by lead or mercury, and in the cachexia caused by long continued exposure to malaria.

These tremors are small, and occur only during movements of volition. Many of them, especially the toxic, appear at first sight to continue independently of willed efforts, but if the patient be put at absolute rest, as in the recumbent posture, the trembling will be found to cease entirely. To illustrate, I can do no better than to report the following cases, which have lately been under my care in the Infirmary for Nervous Diseases.

Case 1.—William S., aged 23, a wagon painter, was admitted into the Infirmary on February 12th, 1877. He stated that he had never had venereal disease, and that his previous health had always been good until about one year before his admission, when he was taken with violent colic. This soon passed off under proper treatment, and shortly afterward he was taken with trembling on voluntary efforts, and wrist drop. The latter got well in a few weeks, but the tremor continued, and it was for the relief of this, chiefly, that he applied to the Hospital.

Upon admission he has tremor, complicating all acts of the will, which is at times so violent that he is unable to stand or walk without assistance. It is not increased by closure of the eyes, and disappears entirely when he assumes the recumbent posture. He does not suffer from pain, and there are no paralytic symptoms. His mental faculties are decidedly sluggish, and he is troubled a good deal with insomnia. His eyesight is somewhat impaired, but there are no abnormal opthalmoscopic appearances. There is a distinct blue line on the gums; his appetite is poor, and the bowels are slightly constipated. He was put upon increasing doses of iodide of potassium, valerianate of zinc, and hyoscyamus, and at the end of five weeks was discharged somewhat improved, so far as the tremor was concerned, but the other nervous symptoms were much the same as when he was first admitted.

Case 2.—Alfred W., aged 29, born in England, married, and an engineer by occupation, came to my clinic on December 3d, 1876. He stated that he had been in the United States for two years; that his previous health had always been good, and that for many months he had been employed in the Exhibition grounds. About two months before his admission he was laid up for several weeks, by what was probably a bad attack of remittent fever. Upon getting better, though still very weak, he returned to work, but after being about for a few days he was taken with a relapse, and was obliged to lay up for the second time. In about a week he again resumed his employment, but several days afterward he began to tremble when he attempted to use his arms, to such a degree that he had to give up for the third time.

Condition on Admission.—He is exceedingly pale, his eyes are slightly icterode, his tongue is furred, and his bowels are confined. All movements of volition are accompanied by excessive trembling of the part used. In the hands it is chiefly marked, but when he is asked to put his feet together, and stand erect, the effort required to accomplish the act is at once followed by general tremor, of such violence as to make him totter. The unsteadiness, however, is not increased by closure of the eyes. There is a general paretic condition mixed up with the tremor, but there is no marked loss of power in any particular part.

He was ordered full doses of quinia, good food, iron and hyoscyamus. The tremor gradually lessened, and finally, when the patient's general condition began to show signs of improvement, it disappeared entirely.

The cases reported above are well-marked examples of functional tremor depending upon toxic causes. In both the nervous disorder expressed itself chiefly by tremor, which consisted of a series of small jerks, accompanying all willed motions, and ceasing when the body was in a state of absolute repose.

Tremor due to mercurial poisoning differs in no essential particular from that due to lead. It is usually, however, more violent, and is less amenable to treatment. There is another tremor belonging to the functional class, which is occasionally met with, and which is probably hereditary. It occurs in persons of good constitution, and upon careful inquiry it will be found to be present in several members of a family. Though absolutely limited to willed motions, it is much increased by excitement, fatigue, and any disturbance of the general health. As a rule it is a symptom of little or no consequence, but in a certain number of cases it expresses a vulnerability of the nervous system, which will sooner or later show itself by positive disease.

Tremors depending upon definite lesions of the nerve centres resemble the functional in being limited to voluntary movements, but differ from them in being much larger. They are found in multiple sclerosis, or the "sclérose en plaques disseminées" of Charcot, and in many old but partially recovered hemiplegias.

In speaking of the tremor of multiple sclerosis, it is unnecessary to describe the other symptoms of that disease, because the subject has already been exhausted by the published researches of Charcot (Leçons sur les Maladies du Systéme Nerveux) and by the reports of cases by myself and others. From first to last trembling is the most striking symptom of this form of sclerosis, and the one of all others which at once distinguishes the disease from other cerebro-spinal disorders. It is large and rhythmical; it is brought out by every movement of the will, and ceases during entire rest of the body, and it involves the head as well as other parts, though it may at first be limited to one member. Another peculiarity of the tremor of sclerosis, is that it becomes smaller and more violent in proportion to the length of time required for the execution of any willed movement. For instance, when the patient is told to lift a glass to his mouth, the hand shakes in a deliberate sort of manner so soon as the vessel is grasped, but the jerks gradually approach each other, until, finally, toward the close of the act, they become extremely frequent.

The other form of organic tremor which I have alluded to is one frequently seen in old hemiplegias. It only occurs during an effort of the will, and is usually very large, though, as in multiple sclerosis, it becomes smaller toward the close of a somewhat protracted voluntary act. It is probably closely related to the post hemiplegia choreas described by Dr. Mitchell (*American Journal of Medical Sciences*, October, 1874); indeed, it is quite reasonable to suppose that the two are inter-convertible. I have at present under my care, in the Infirmary, a good illustration of this peculiar tremor. The case is as follows:—

Mrs. L., aged thirty-eight, admitted into the Infirmary for Nervous Diseases on March 19th, 1877; stated that she had always had good health until three years ago, when, upon returning home from shopping one day her right arm suddenly became powerless. Shortly afterward she became unconscious, and remained so for three days. Upon regaining her senses she found that she was unable to move her right arm or leg, but there was no facial palsy, and no aphasic symptoms.

In two months she began to move her arm, and afterward her leg, and both continued to improve until six months ago, when a stationary period was reached. She has had no headache, and no disturbance of sight.

On admission she has every movement of the arm, but the grip of the right hand is feebler than that of the left, and following each voluntary act a large rhythmical tremor appears. She walks without assistance, though with the characteristic hemiplegic swing, and all movements of the leg are accompanied by a large tremor similar to that observed in the arm. There is no deviation of the face, no aphasia, and no disturbance of sensibility. An examination of the eye-ground reveals slight atrophic changes. The heart is hypertrophied, and a loud systolic murmur is heard, having its point of greatest intensity at the apex. The diagnosis was, therefore, hemiplegia from embolism. The tremors included in the second group are those which belong to paralysis agitans or shaking palsy. For a long time all disorder of the nervous system in which tremor was a prominent symptom were described as paralysis agitans, and even now there appears to be a good deal of confusion in regard to the

proper limitation of the disease. It appears to me that under this head must be placed all cases in which constant tremor is the most striking feature. Many of these, and particularly when the patient is under fifty or sixty years of age, must be considered as functional, because they are either curable or show a marked tendency to improve under treatment. When the disease, however, occurs in persons past fifty, it is not only utterly incurable, but seldom, if ever, responds to treatment. The pathological condition of the latter class is probably one of sclerosis, more or less diffused and depending upon wasting rather than upon active proliferating change in the brain and cord. This division into the simple and senile forms, whether it be strictly correct or not, agrees with common observation, as all who have had special opportunities for the study of nervous disease must acknowledge.

The trembling of both forms is constant, though it may be decidedly lessened by a concentrated effort of the will, and ceases entirely only during sleep. In both, it may be either general or confined to a single member, and occasionally it is unilateral, or hemiplegic. It is always associated with more or less loss of power in the affected parts, and in the senile form festination is often a marked symptom.

Medical Societies.

THE AMERICAN MEDICAL ASSOCIATION.

TWENTY-EIGHTH ANNUAL MEETING.

Reported Especially for the Medical and Surgical Reporter.

The Association met at Farwell Hall, Chicago, Illinois, on Tuesday, June 5th, 1877, at 11 A.M. It was called to order by Ex-President Dr. J. M. Sims, New York, who introduced the President, Dr. H. I. Bowditch, Massachusetts.

Bishop W. L. Harris, D.D., L.L.D., of Illinois, opened the session with prayer.

Dr. N. S. Davis, Illinois, delivered an address of welcome, and announced the list of delegates. There were over 700 in attendance.

Drs. Hingston and Grant, of Canada, who were present, were invited to seats on the platform.

A number of persons were elected members by invitation, and permanent members, during the session.

The Committee of Arrangements reported a programme for each day's session.

The President then delivered the Annual Address, in which he urged many changes: as to reduction in number of delegates; as to reference of papers to experts, who should determine on their publication; as to the union with the Canada Medical Association, its advantages and disadvantages; objecting to the use of wine at the gatherings; as to the Judicial Council, and its great value to the Association; as to the fact of temperance at the session in Louisville, the home of the Bourbon; as to a committee to lay out a programme of papers for each Section and each day, though not to prevent the introduction of volunteer papers; he suggested an arrangement by which members of each State Medical Society could become permanent members of this body, thus interesting all in the success of this Association; as to the Pharmacopœia, and its reference to a select committee, or to the Judicial Council, etc.

On motion of Dr. Brodie, thanks were extended to the President, for his able and eloquent address, and it was referred to the Committee of Publication.

On motion, it was referred to a committee of seven, to consider its suggestions.

Committee—Drs. W. Brodie, Mich.; S. D. Gross, Penna; E. Grissom, N. C.; J. R. Smith, U. S. Army; J. K. Bartlett, Wis.; J. P. White, N. Y., and J. M. Toner, D. C.

Volunteer papers—On the Importance of Establishing Legal Medical Councils of State, by Dr. C. G. Comegys, Ohio. On Medical Testimony, with Special Reference to Cases of Insanity, by Dr. C. R. Buckham, Mich. On the Therapeutics of Cancer, by Dr. T. A. McGraw, Mich. On a Means of Treating Vesico vaginal Fistula, by Dr. N. R. Bozeman, N. Y. On Studies on Rendering Incisions Painless, by means of High Velocities. On Recent Advances in Otology, by Dr. S J. Jones, Ill. On the Study of 925 Cases of Pulmonary Disease, by Dr. F. H. Davis, Ill. On the Intervention of the Physician in Education, by Dr. E. Seguin, N. Y. On Congenital Absence and Malformations of the Uterus, with Cases, by Dr. H. O. Marcy, Mass., were referred to the appropriate Sections.

The committee on National Library were continued, by request.

The Registration Committee reported several protests against the admission of delegates, which were referred to the Judicial Council, and the Association adjourned to meet on Wednesday.

WEDNESDAY, JUNE 6TH.

The Association met at 9½ P.M. Minutes were read and approved.

Volunteer papers were offered—On Tuberculosis, by Dr. A. N. Bell, N. Y. On an Aspirating Instrument, by Dr. H. I. Bowditch, Mass. On Plastic Splints, by Dr H. O. Marcy, Mass. On Epithelioma, by Dr. S. P. Breed, Ill. A New Speculum of Wire, by Dr. E. A. Hildreth, W. Va. On Conservative Surgery, by Dr. J. N. Quimby, N. J., which were referred to the appropriate Sections.

The special committee on the President's Address reported

1st. The Smithsonian plan of publication. It is believed that if the officers of the Sections should perform their duties properly under the existing regulations, there would be no necessity for further examinations.

2d. In the matter of a standing committee to procure papers on scientific subjects, it is or should be part of the duty of the chairmen of the Sections to obtain suitable matter for their respective Sections at as early a time after their appointment as possible, and it is believed this would effect what the President proposes.

3d. On permanent members and representation. we do not think it best. at the present time, to make or suggest any change in the present plan of organization.

4th. On the subject of the union of this Association and the Canada Medical Association. we consider the same impracticable. and are of opinion that the present system of intercourse between the societies, by delegates, serves, to meet the requirements.

5th. On the question of the Pharmacopœia, we deem it inexpedient at the present time to take any action in the premises.

After some remarks, this report was laid on the table for the present.

Dr. E. R. Squibb, of New York, then commenced reading a paper reviewing at great length the opposition to his proposed plan for publishing the Pharmacopœia. as shown in the pamphlets of Dr. H. C. Wood, A. B. Taylor, etc.

A motion to suspend the reading, and lay the whole subject on the table, was lost, and Dr. Squibb continued.

After some time. the hour for other business having arrived, on motion, the subject was referred to the Committee of Arrangements, to select an hour for its continuance.

Dr. W. Ulrich, of Pa., preferred charges against Dr. W. F. Barr, a P. M. from Virginia, which were referred to the Judicial Council.

Dr. P. G. Robinson, of Missouri, Chairman of Section on Practical, Medicine, etc., read his address, giving a review of the advances in those branches.

Dr. J. P. White, of New York, Chairman of Section on Obstetrics and Diseases of Women and Children, read his address.

The Permanent Secretary then called the roll of States, and announced the following as the Committee on Nominations:—

Arkansas, J. M. Keller; California. L M. Lovelace; Colorado, C R. Bissell; Connecticut, H. M. Knight; Delaware, Wm. Marshall; District of Columbia. W. H. Ross; Georgia, R. Battey; Illinois, T. D. Fitch; Indiana, G. Sutton; Iowa, C. H. Rawson; Kansas, W. L. Schenck; Kentucky, D. W. Yandell; Louisiana, J. C. Egan; Maine, W. B. Cobb; Massachusetts, H. O. Marcy; Maryland, C. H. Ohr; Michigan, L. Connor; Minnesota, C. P. Adams; Missouri, T. B. Lester; Mississippi, W. M. Compton; New Hampshire, S. G. Dearborn; New Jersey, S. Lilly; New York, John P. Gray; North Carolina, E. Grissom; Ohio, W. W. Jones; Pennsylvania, Samuel D. Gross; Rhode Island, W. H. Palmer; South Carolina, W. H. Geddings; Tennessee. D. J. Roberts; Texas, A. E. Carothers; Vermont, W. R. Hutchinson; Virginia, F. D. Cunningham; West Virginia, John C. Hupp; Wisconsin, J. T. Reeve; U. S. A., Joseph R. Smith.

This committee were requested to meet at once, in the room of the Judicial Council.

Dr. Nichols. President of the Association of Superintendents of American Insane Asylums, was then introduced.

The Association adjourned, to meet on Thursday.

THURSDAY, JUNE 7TH.

Minutes read and approved.

A volunteer paper was offered, on "The Relative Value of Incisions and Aspirations in the Treatment of Empyema and Hydrothorax," by Dr. H. I. Bowditch, of Massachusetts, and referred to the proper Section.

The report on American Medical Necrology, by Dr. S. C. Chew, of Maryland, was presented and referred to the Committee of Publication.

Reports from the Judicial Council, on the Arkansas State Medical Association, declining to reopen the matter, as settled last year; on the Branch Co. (Mich.) Medical Society, admitting it to membership; on the charges by Dr. G. Frothingham against the Michigan State Medical Society, and certain of its members, declaring the Society and those members not guilty; and on the Hendricks Co. (Ind.) Medical Society, refusing to admit its delegates, as it was not recognized by its State Medical Society.

Some charges were presented and referred to the Judicial Council.

The report of the Treasurer was read, showing a balance of $172 in the funds; and of the Committee of Publication, which alluded to the careless preparation of manuscripts when received by that Committee Both were received and referred to the Committee, for publication with the *Transactions*

A motion by Dr. Woodward, U. S. Army, that hereafter the verbatim reports of Sections be not printed, was lost.

The Committee on Prize Essays reported one Essay received, but not of sufficient value to be awarded a prize, and one too late for consideration. The report was adopted.

Dr. Ezra M. Hunt, of New Jersey, Chairman of Section on State Medicine and Public Hygiene, then read his address.

The report of the Librarian, Dr. Wm. Lee, was read. showing valuable additions to the library. The report was received and referred for publication, with its catalogue, and his bill of expenses was allowed.

Dr. Squibb then resumed his remarks on the Pharmacopœia. the Committee of Arrangements having recommended that he be allowed to commence at 11 A. M., and have twenty minutes, and the other side then be allowed a chance; at the end of his time, he not having

concluded, additional time was allowed him, after some discussion.

Dr. Squibb continued some time longer, and when his time had expired, the order of business was suspended, by request, to permit the Committee on Nominations to make a partial report.

The report was as follows:—

Officers for 1878—*President*, Dr. T. Richardson, La.; *First Vice President*, Dr. James P. White, New York; *Second Vice President*, Dr. Moses Gunn, Illinois; *Third Vice President*, Dr. George W. Russell, Connecticut; *Fourth Vice President*, Dr. A Dunlap. Ohio.

Place of meeting, Buffalo, New York; time, 1st Tuesday in June, 1877. The rest of the report to be given on Friday.

The consideration of the Pharmacopœia was again resumed, and Dr. H. C. Wood, of Pennsylvania, took the floor; Dr. S. Lilly, of New Jersey, read a protest of the State Medical Society of New Jersey, against the continuance of the old plan.

Dr. Brodie, of Michigan, moved that a committee of five be appointed by the President, to whom shall be referred the papers of Drs. Squibb, Wood, and the others, with full authority to examine into the question as to the propriety of this Association being a factor, in whole or in part, in the publication of a Pharmacopœia, and report at the next meeting.

Dr. N. S. Davis, of Illinois, opposed this, in some remarks, and moved that the whole subject be indefinitely postponed, which was carried by a large majority.

The Association then adjourned to Friday.

FRIDAY, JUNE 8TH.

The minutes were read and approved.

The Permanent Secretary read his report on State Boards of Health.

In accordance with the resolution adopted in 1875, the Permanent Secretary would respectfully report that the following circular letter, signed by the President and himself, was forwarded to the Executive of each State in which a Health Board had not already been organized.

To the Governor of the State of————.

May it please your Excellency. We append to this communication a vote passed by the American Medical Association, May 7th, 1875. By it you will see that the undersigned were directed to lay before the Legislature of every State in which no State Board of Health has been legally established, the necessity for such a Board.

We deem it unnecessary to enter into any prolonged argument in relation to the subject, but we would simply lay before your Excellency the following facts:—

First. Twelve States have now such Boards of Health.

Second. Where funds have been granted for the publication of reports, great good has been accomplished by arousing the whole community to a sense of the necessity for care about everything connected with the various homesteads, in order to prevent the operation of causes tending to produce ill health in the community.

Third. Competent men, members of legislatures, who have been, as such, desirous of great economy in the disbursing of the public funds, have, from their own experience, acknowledged that funds so voted by the State authorities for such support have been more than repaid by the reforms brought about in various villages and towns, which reforms have mitigated or prevented diseases previously always existing at certain periods of the year.

Fourth. From some statistical data it is believed that many lives have thus been saved, and wealth thus given to the State.

For these reasons, and others that might be mentioned, the American Medical Association respectfully and earnestly urges you, as the Chief Executive of the State of————, to lay the subject before your Legislature at its next meeting. We remain, with the highest respect, your obedient servants,

Henry I. Bowditch, *President.*

Wm. B. Atkinson, *Permanent Secretary*,
1400 Pine street, Philadelphia.

May 7th, 1875.

Resolved, That each year, until otherwise ordered, the President and the Permanent Secretary be directed to appeal, in the name of the Association, to the authorities of each State where no State board of Health exists, urging them to establish such Board.

The Secretary was also directed to report annually to the Association the names of the States having such Boards.

And also copies were sent to each member of the State Committees created by the resolution of Dr. Bell, in 1876.

Replies were received, evincing earnest effort, on the part of those gentlemen, to forward the great work in hand.

There now exist State Boards of Health in Alabama, California, Colorado, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, North Carolina, New Jersey, Tennessee, Virginia and Wisconsin.

Bills have been introduced in the Legislatures of several other States, but thus far without material results.

Special reports have been made by the Committees of Pennsylvania, South Carolina, Mississippi and Delaware.

It is respectfully suggested that the Committees in each State, created at our last session, be continued.

Respectfully submitted,

William B. Atkinson, *Permanent Sec'y.*

The report was received.

The report of the delegates to the International Medical Congress was read, as follows:—

A Report on the Progress of Uniformity in the Means of Observation and Records of Physic.

Mr. President and Gentlemen:—During your last session you voted that the question of uniformity in the means of observation, and that of medical records, should be presented, in

your name, to the International Medical Congress, soon to meet in Philadelphia.

This Congress received your communication, with an interest enhanced by the warm recommendation of its illustrious President, Prof. S. D. Gross, in his comprehensive inaugural address; and the International Medical Congress, in its turn, voted the sending of delegates to the next Congress, which is to meet in Geneva, September, 1877, with the special commission of pleading the cause, there, of "Medical Uniformity." Such has been the official progress of this question since your last meeting.

Its technological progress consists (*a*) in the perfecting and cheapening of the sphygmograph, but not yet to the point of making it as popular as the thermometer; (*b*) in the reduction of urinometers and urinoscopes to a uniform standard, and to pocket size; (*c*) in the invention of simple calorimeters and globulimeters, which, separately, realize the hopes induced fifteen years ago, by the brilliant invention of Professor Mantagazza; (*d*) the more important conquest of this year has been the acceptance of the metric system, by the New York State Medical Society.

It may not be out of place to add that the demand for instruments of positive observation has more than doubled in the last ten years, and that the use of uniform records of medical observation has increased from a few hundreds to thousands annually—a double progress, entirely due to the initiation of this great progressive body, the American Medical Association.

During the same period the pharmacists have made parallel efforts to bring uniformity in the products of their trade, which is an accessory to our art; and we must acknowledge that they are somewhat ahead of us. They will be strongly represented in the International Medical Congress of Geneva, and it would be more creditable for them than for us were they the first to agree upon the terms of this long longed-for uniformity on our own ground. Pharmacy would gain nothing and physic would lose much by leaving disconnected the movements which tend to establish uniformity in the Pharmacopœias, and in the practice of physic; both uniformities being twin sisters, from the same spirit, the aspiration of the human mind toward the next synthesis.

Therefore your reporter on this subject proposes that the American Medical Association send special delegates to the International Medical Congress of Geneva, as it did so effectively to the International Medical Congress of Brussels in 1875, to advocate the adoption of a progressive uniformity of means of medical observation and records, with the concourse, if possible, of the members of this Congress who will be found there, engaged in advocating the application of the principle of uniformity in this and other departments of science

[Signed] E. Seguin,
J. J. Woodward.

On motion the report was received and entered on the minutes.

On motion, Drs. Clifton E. Wing, of Massachusetts, and Wm. Brodie, of Michigan, were appointed delegates to the Canada Medical Association, and Dr. Thomas M. Drysdale, of Pennsylvania, a delegate to the Medical Societies of Europe.

The minutes of the Judicial Council were presented and referred to the Committee of Publication

The minutes of the Sections on Obstetrics, on State Medicine, on Surgery and Anatomy, on Medical Jurisprudence, and on Practical Medicine, with the accompanying papers, were presented and referred to the Committee of Publication.

The Committee of Nominations presented the balance of their report.

Section of Practical Medicine, Materia Medica and Physiology—Chairman, Dr. A. L. Loomis, of New York; Secretary, Dr. J. H. Etheridge, of Illinois.

Section of Obstetrics and Diseases of Women and Children—Chairman, Dr. E. W. Jenks, of Michigan; Secretary, Dr. H. O. Marcy, of Massachusetts.

Section of Surgery and Anatomy—Chairman, Dr. H. H. Smith, of Pennsylvania; Secretary, Dr. E. T. Early, of Arkansas.

Section of Medical Jurisprudence, Chemistry and Psychology—Chairman, Dr. Walter Kempster, of Wisconsin; Secretary, Dr. E. A. Hildreth, of West Virginia.

Section of State Medicine and Public Hygiene—Chairman, Dr. J. L. Cabell, of Virginia; Secretary, Dr. E. J. Marsh, of New Jersey.

Next place of meeting, Buffalo, New York; time, first Tuesday in June, 1878.

Assistant Secretary—Dr. E. N. Brush, of New York.

Committee of Arrangements—Drs. T. F. Rochester, J. F. Miner, E. R. Barnes, C. C. Wyckoff, M. B. Folwell, W. C. Phelps, E. N. Brush, all of Buffalo, New York.

Committee of Publication—Drs. W. B. Atkinson, Chairman; T. M. Drysdale, A. Fricke, S. D. Gross, C. Wister, R. J. Dunglison, of Pennsylvania, and Wm. Lee, of District of Columbia.

Treasurer—Dr. R. J. Dunglison, of Pennsylvania.

Librarian—Dr. Wm. Lee, of District of Columbia.

Committee on Library—Dr. Johnson Eliot, of District of Columbia.

Members of Section of State Medicine and Public Hygiene—Drs. J. Cochrane, of Alabama; A. M. Carrigan, of Arkansas; W. F. Cheney, of California; C. Denison, of Colorado; C. A. Lindsley, of Connecticut; W. Marshall, of Delaware; T. Antisell, of District of Columbia; J. P. Logan, of Georgia; H. A. Johnson, of Illinois; T. M. Stevens, of Indiana; D. W. Stormont, of Kansas; S. Brandeis, of Kentucky; S. M. Bemiss, of Louisiana; E. F. Sanger, of Maine; C. H. Ohr, of Maryland; H. I. Bowditch, of Massachusetts; H. B. Baker, of

Michigan; C. M. Hewitt, of Minnesota; Wirt Johnson, of Mississippi; J. W. Trader, of Missouri; M. W. Russell, of New Hampshire; E. M. Hunt, of New Jersey; Elisha Harris, of New York; C. G. Comegys, of Ohio; Benjamin Lee, of Pennsylvania; E. M. Snow, of Rhode Island; R. A. Kinloch, of South Carolina; T. A. Atchison, of Tennessee; A. E. Carothers, of Texas; J. L. Cabell, of Virginia; L. C. Butler, of Vermont; E. L. Griffin, of Wisconsin; G. W. Betton, of Florida; C. J. O'Hagan, of North Carolina; John S. Billings, U. S. A.; Joseph Wilson, U. S. N.

Committee on Necrology—J. M. Toner, of District of Columbia, Chairman; W. H. Ross, of District of Columbia, Secretary; J. W. Barclay, of Alabama; T. E. Murrell, of Arkansas; M. Baker, of California; G. W. Russell, of Connecticut; L. P. Bush, of Delaware; W. W. Johnson, of District of Columbia; T. S. Hopkins, of Georgia; J. H. Hollister, of Illinois; J. Moffit, of Indiana; S. B. Thrall, of Iowa; L. P. Yandell, Sr., of Kentucky; S. C. Gordon, of Maine; A. L. Norris, of Massachusetts; D. I. McKew, of Maryland; W. F. Breakes, of Michigan; E. C. Cross, of Minnesota; A. J. Steele, of Missouri; John Blane, of New Jersey; N. J. Pitman, of North Carolina; Joseph Jones, of Louisiana; Gouv. M. Smith, of New York; Geo. Mitchell, of Ohio; W. C. Warner, of Oregon; H. C. Wood, of Pennsylvania; C. W. Parsons, of Rhode Island; A. Talley, of South Carolina; J. B. Lindsley, of Tennessee; J. H. Stalnaker, of Texas; W. D. Hooper, of Virginia; D. Mason, of Wisconsin; O. F. Fassett, of Vermont; P. F. Whitehead, of Mississippi; W. L. Schenck, of Kansas; L. G. Hill, of New Hampshire; R. W. Hazlett, of West Virginia; J. J. Woodward, U. S. A.; J. Wilson, U. S. N.

Judicial Council—For three years—Drs. J. K. Bartlett, of Wisconsin; F. Staples, of Minnesota; E. Grissom, of North Carolina; W. S. Robertson, of Iowa; S. Lilly of New Jersey. A. T. Woodward, of Vermont, in place of those whose term expires at this meeting. P. O. Hooper, of Arkansas, in place of Dr. A. Dunlap, resigned, whose term expires in 1878.

Committee on Prize Essays—Drs. E. M. Moore, T. Lothrop, W. Miner, H. R. Hopkins, and E. W. Dean, of New York.

The Committee respectfully propose the following changes of the By-Laws, to be decided at the session of 1878. Under Article II. Section 00, 10th line from top, the word *essayist* shall be introduced immediately after the word chairman, so as to read as follows: "The Chairman, Essayist and Secretary of the several Sections shall, like other officers of the Association, be nominated," etc.

Same Article, line 22d, et seq., to read as follows: "The Chairman of the several Sections shall preside at the meetings of their respective Sections. The Essayists shall prepare, and read in the general sessions of the Association, papers on some subject to be selected by themselves, but relating to one or more of the branches of science included in their respective Sections; the reading of such papers not to occupy longer than forty minutes for each."

On motion of Dr. Brodie, the report was adopted and the officers declared elected.

The part relating to the Amendments was laid over.

Dr. T. D. Fitch, Illinois, offered an amendment to the laws, as follows:—

I hereby propose to amend Section 11, paragraph referring to permanent members, as follows: Strike out "and of such other members as may receive the appointment by unanimous vote. They shall continue such so long as they remain in good standing," etc. Laid over till next session.

Dr. N. S. Davis, of Illinois, offered these amendments: Strike out from the By-Laws the whole paragraph on page 680 of volume for 1876, commencing, "Papers appropriate to the several Sections," etc. Strike out third paragraph, Section 8, commencing, "It shall be the duty," etc. Strike out all of second paragraph, Section 9, commencing, "This Association," etc. Laid over.

Dr. Davis then moved to strike out from the Ordinances the third Resolution from top of page 685, volume 1876; page 686, second and third Resolutions from top; page 687, Preamble and Resolution on Contract Physicians. Unanimously adopted.

On motion of Dr. J. W. Singleton, of Kentucky, it was

Resolved, That whereas it has come to our knowledge that a bill, known as the Morrison bill, for the discontinuance of the tariff on quinine, is at this time before the Committee of Ways and Means in the Congress of the United States; and, whereas the welfare of a large portion of the people in the Western States and Territories is concerned in the issue of this bill, as well as any movement which will enable them to obtain quinine at a less cost than the enormous prices now paid by the consumer; and, whereas the opposition to this bill set forth by the manufacturers and trade does not represent the desire of those who are engaged in the relief of suffering and want, but ignores entirely the necessities of a large population, many of whom are engaged in cultivating the soil and opening up new resources of wealth to the government in malarial districts; and, whereas principles of justice and humanity alike demand free quinine and an open market for the competition of European manufacturers,

Resolved, That the American Medical Association approve of the passage of the "Morrison bill," for the repeal of the tariff on Quinine, and respectfully insist that said bill shall become a law.

Resolved, That the Permanent Secretary of this Association be required to transmit the foregoing preambles and resolutions to the chairman of the Committee of Ways and Means, in the next Congress of the United States.

On motion of Dr. H. H. Smith. Pa., it was

Resolved, That the American Medical Association have heard with regret of the failing health of its former President, Dr. George B. Wood.

Resolved, That this Association respectfully tender him their sympathy in his illness, and desire to record their appreciation of his life long efforts to advance the highest interests of the Medical Profession.

Resolved, That a copyof these resolutions be promptly forwarded to Dr. Wood.

Dr. Singleton, Ky., offered the following:

Resolved, That the members of the American Medical Association regard with feelings of the deepest pride and pleasure the sentiments of peace and nationality now existing and steadily gaining in our great country, and that in commencing the second century of our National Independence, we hail the present and prospective harmony of the sisterhood of States, as promising the greatest and most beneficent results to science and humanity, in the future.

After remarks by Dr. E. Grissom, N. C., the resolution was unanimously adopted.

On motion of Dr. D. J. Roberts, Ill., it was resolved that this Association shall consider the proposed changes in the laws on the 1st day of the session of 1878, in order that the Committee on Nominations can act, if necessary.

The Permanent Secretary read the following, which was laid over for action next year:—

WHEREAS, The Section on Surgery and Anatomy is overcrowded with matter of interest to the general practitioner, and there can be but little time devoted to ophthalmology, otology and laryngology; and

Whereas, There is a large number of members of this Association who devote themselves exclusively to ophthalmology, otology and laryngology,

Resolved, That there be added to the five existing Sections, a Section for Ophthalmology, Otology and Laryngology, which shall be known and designated as Section 6, and that the same be organized at the next annual meeting.

[Signed] ZENOPHON C. SCOTT, Ohio.
EUGENE SMITH, Mich.
J. M. BODINE, Kentucky.
D. S. REYNOLDS, Ky.
S J. JONES. Illinois.
E. L. HOLMES. Illinois.
F. C. HOTZ, Illinois.

On motion of Dr. C. H. Thomas, Pennsylvania, it was

Resolved, That Drs. E. Seguin, N. Y., T. M. Drysdale, Penna., and a third member to be appointed by the President, be chosen delegates to the International Medical Congress to be held at Geneva, in 1877, to co-operate with the other delegates to Europe, before the British, French and German Associations' meetings this year. The third member, as appointed, was Dr. J. Marion Sims, N. Y.

The following communication was read:—

To the Members of the American Medical Association:—

GENTLEMEN—At a general meeting of the various medical societies of the city of Buffalo, together with members of the profession residing in the vicinity, the undersigned were appointed a Committee to extend to your honorable body a cordial invitation to hold your annual meeting, in 1878, in the city of Buffalo, New York.

The profession of the city and vicinity stand ready to give you a most hearty welcome; they moreover feel that, as Detroit, Chicago, Cincinnati, and other cities of the West, have been twice honored with your presence, the Queen City of the Lakes should next receive the honor and pleasure of entertaining you.

In hopeful anticipation that our invitation will receive your favorable consideration, we remain, in behalf of the medical profession of Buffalo,

[Signed] JAMES P. WHITE,
J. F. MINER,
THOS. F. ROCHESTER,
C. C. F. GAY,
H. BARNES.

On motion of Dr. N. S. Davis, Dr. Lewis A. Sayre, of New York, was made a delegate to the British Medical Association.

Dr. H. A. Johnson, Illinois, presented the following report of the Committee on Rank in the Army, which was ordered to be entered on the minutes:—

To the President and Members of the American Medical Association:—

GENTLEMEN—At the meeting of this Association, held two years ago, the undersigned were appointed a Committee, with instructions to endeavor to secure from Congress a better recognition of the Medical Staff of the United States Army.

In obedience to these instructions a memorial was prepared, early in the session of 1875–76, to Congress; with this memorial and petition were also presented documents containing facts and figures justifying, in the opinion of the Committee, the modification asked for.

In accordance with this petition, Senator Logan, of Illinois, prepared and introduced into the Senate a bill substantially providing for the relief desired by the medical officers of the army.

At the time of the last meeting of this Association this bill was still pending, and under the circumstances it was thought best by the friends of the measure that no formal report be made by the Committee.

Soon after the adjournment of the Association last year, the bill was passed by Congress, and received the approval of the President.

The bill reads as follows:—

"*An Act to reduce the number and increase the efficiency of the Medical Corps of the United States Army.*

"*Be it enacted*, by the Senate and House of

Representatives of the United States of America, in Congress assembled, That the number of Assistant Surgeons now allowed by law shall be reduced to 125, and that the office of medical storekeeper is hereby abolished; that from and after the passage of this Act, in addition to the grades now allowed by law, there shall be four surgeons with the rank, pay, and emoluments of colonels; eight surgeons with the rank, pay, and emoluments of lieutenant-colonels, to be promoted by seniority from the medical officers of the army; that this Act shall not be construed to deprive any medical officer or storekeeper now in office of his commission in the United States Army.

Approved June 26th, 1876.

The reduction, as the Committee understand, is simply reduction of the numbers allowed by the old law, but not a reduction of the number in actual service at the time of the passage of the bill.

This measure has been secured by the united action of the American Medical Association and the profession of the whole country, represented in this Association and the Army Medical Corps, the officers of which, in a dignified but persistent manner, presented, in the name of justice, their claims for relief.

The members of the Committee take pleasure in submitting herewith, as a part of this report, a letter from the Surgeon-General of the United States Army, and they recommend that it be spread upon the minutes of the Association.

WAR DEPARTMENT, SURGEON GENERAL'S OFFICE,
WASHINGTON, D. C., *June 1st*, 1877.

Dr. H. A. Johnson, Chairman of the Committee on Rank of the Medical Department of the Army, American Medical Association, Chicago, Ill.

MY DEAR SIR:—When, at the next meeting of the American Medical Association, the report of the Committee on "Rank of the Medical Department of the Army," of which you are Chairman, is considered, I beg that you will express to the members thereof my thanks, with those of the Medical Corps of the Army, for their persistent and energetic efforts to secure legislation by Congress, placing the Medical Corps upon equality in rank with other Staff Corps and with the Line of the Army.

These efforts, so earnestly conducted for several years, were, shortly after the adjournment of the last session of the Association, crowned with success; Congress having, in June, 1876, so modified the organization of the Medical Corps, by an Act, of which I inclose a copy, that its members can now anticipate some certainty of promotion as the result of faithful service. This betterment in the prospects of its officers will, I am confident, materially increase the efficiency of the Corps, by encouraging those now in service, thus checking the, of late, injuriously frequent resignation of promising officers, and making positions in it so desirable as to secure applicants for admission from among the most talented and cultivated medical graduates.

In expressing my grateful appreciation of the powerful influence exerted in our behalf by the American Medical Association, let me add the hope that the good understanding existing between it (the organized representative of the medical profession) and the Medical Corps of the Army, may become even closer in the future than in the past.

In conclusion, my dear sir, allow me to express my thanks, and those of the Medical Corps of the Army, to yourself, personally, and to all the members of your own and former committees in connection with this subject.

I am, my dear sir, very sincerely yours,

JOSEPH K. BARNES.

Surgeon-General U. S. Army.

All of which is respectfully submitted.

[Signed] H. A JOHNSON,
H. C. WOOD,
GEORGE SCHRADY,
J. P. GRAY,
Chicago, June 8th, 1877. E. L. HOWARD.

After some remarks by Surgeon Woodward, U. S. A., the report was accepted.

The President nominated Dr. J. J. Woodward as a delegate to the International Medical Congress of 1877, but he declined. On motion of Dr. C. H. Thomas, the President was requested to make the appointment at his leisure.

On motion of Dr. J. M. Toner, D. C., it was

Resolved, That Francis Gurney Smith, who retired from the Chairmanship of the Committee of Publication last year, on account of ill health, after many years' service therein, is entitled to, and is hereby tendered, the sincere thanks of this Association, for the admirable and satisfactory manner in which he so long discharged the arduous and exacting duties of the office.

On motion of Dr. J. F. Hibberd, Ind., it was

Resolved, That this Association, in view of the retirement from the office of Treasurer of the gentleman who, for twenty-two years, has discharged the responsible and laborious duties of that situation, desires in this manner to express its high appreciation of and full satisfaction with the promptness and completeness with which Caspar Wister has discharged the incumbent obligations of its financial agent for so many years, and hereby tender to him the sincerest thanks of the Association for such long and honorable service.

Vice-president J. R. Smith, U. S. A., now took the chair.

Dr. H. I. Bowditch offered the following:—

Resolved, That this Association recommends to the chairmen of the Sections, at any place at which we may hereafter meet, the propriety of obtaining from our ablest associates in various parts of the country papers to be presented to the Sections, and that due notice of the names of the writers, if possible, be given in the medical journals before the meeting.

On motion of Dr. Brodie, the report, as laid upon the table yesterday, was taken up.

On motion of Dr. N. S. Davis, Dr. Bowditch's resolution was amended, to say that the chairman and secretary of each Section shall send, thirty days before each meeting, their business to the chairman of the Committee of Arrangements, who shall then advertise the programme.

Dr. Bowditch also offered the following:—

Resolved, That the two recommendations contained in the President's address, relative to permanent membership, and to representation, be referred to a committee of three, whose duty it shall be to report at the next annual meeting, what, if any, action should be taken in accordance with said recommendation.

These suggestions are—

"First, I wish every honorable, well educated physician in the United States to feel an interest in, and to be a member of, this Association, by the very fact of his having become, by proper education and examination, such a physician. In some State medical societies the county societies, by their censors' examinations, have the right to admit members to the local society. That diploma makes the receiver of it a member of the State society. In like manner I wish that every member of a State society should become what is now called a permanent member of this Association, and he should have the same rights that permanent members have now. This alteration of our constitution would immediately place this Association in relations with the young physicians of the country, much more satisfactory than those existing under our present rule.

"Second. I wish we could still further vary from our present plan, and make the representation at our annual meetings smaller; for example, if each society could send a representative for every twenty, or perhaps every thirty of its members when the society is a large one, instead of every ten, as now allowed. If we had this smaller representation, the honor of being a delegate would be higher, and doubtless the plan would tend to induce the best men of the profession to be willing to accept the office of delegate, which is certainly not the fact at present, in many places."

Dr. Bowditch offered the following:—

WHEREAS, It has been evident, during this session, that not a few papers have been referred to the Committee of Publication without reading or discussion thereupon by the Sections, therefore,

Resolved, That the Committee be requested to have all the papers carefully examined by themselves or by experts, and that they be hereby directed to publish none but those which be deemed appropriate.

Resolved, That after this year they be directed.

First. To publish nothing but that which, after being read at the Sections and approved by them, shall have been also submitted to the critical eye of experts, whose names shall be unknown, and whose decision shall be final in regard to the publication of any paper in our volume of transactions.

Second. We should declare, as our rule for the guidance of said experts, that no paper should be deemed worthy of publication in our Transactions unless,

(*a*) It gives something new to medical science. or,

(*b*) Unless it present an analysis, or such a new or lucid arrangement, of facts, already wholly or in part known, that the profession will be greatly aided thereby.

The present law having been demanded, it was read. After some discussion, on motion of Dr. J. P. White, New York, it was unanimously agreed to refer all these matters, as recommended in the President's address, to a select committee of five, of which Dr. Davis and Dr. Bowditch shall be two members, to recommend what legislation may be proper.

On motion of Dr. J. J. Woodward, U. S. A., it was resolved that, including this meeting and hereafter, the practice of printing in the Transactions of this Association the so-called verbatim reports of the debates in the Sections be discontinued, and that the reports of the Sections be limited to the papers presented and recommended by the Sections for publication, and such minutes as may be actually read and adopted by each Section during the session of the Association.

Dr. E. A. Hildreth, of West Virginia, offered the following:—

Resolved, That no paper shall be referred by the Sections to the Committee of Publication, without having been previously *read* and *discussed* by the Section, after which it may be so referred to the sub committee, as already provided.

Dr. Brodie moved to refer this to the special committee ordered as above.

On motion of Dr. T. J. Gallagher, of Pennsylvania, the resolution was laid on the table.

Dr. Brodie offered the following:—

Resolved, That the earnest thanks of this Association are hereby tendered to the Committee of Arrangements, for the excellent accommodations furnished at this session, and for the valuable order of business so carefully prepared for the meetings, and also to the citizens of Chicago, particularly Messrs. Pullman, Wirt-Dexter, Crain, Winston, Peabody, Bishop, Drs. R. N. Isham, E. O. F. Roler, and W. H. Ross, and their ladies, for their magnificent and hospitable entertainments, given during the evenings of Tuesday, Wednesday and Thursday; also to those railroads which have granted commutations to the delegates.

After some remarks by Dr. Woodward, the resolution was unanimously adopted.

Dr. I. N. Quimby, of New Jersey, offered the following:—

Resolved, That permission be granted to Dr. Quimby, of Jersey City, to select or tabulate all or a part of the new and original matter to be found in the Transactions of the Association, in one or two volumes, as the case may be,

which may be offered for sale at a reasonable price, at any regular medical book store.

On motion of Dr. F. Pratt, of Michigan, it was laid on the table, by a unanimous vote.

Dr. E. R. Squibb asked the privilege of withdrawing his paper, partially read before the Association, not wishing to have part published, as the part which he did not read would not appear.

On motion of Dr. Toner, the request was granted.

The President having called for the new officers, Dr. T. G. Richardson, of Louisiana, the President-elect, came upon the platform.

Dr. Bowditch then made some remarks, in retiring from the chair and welcoming Dr. Richardson.

Dr. Richardson assumed the chair, and returned his thanks for the honor thus conferred upon his Section and himself.

On motion of Dr. Brodie, the Association adjourned, to meet in Buffalo, New York, on the first Tuesday of June, 1878.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

The American College Association met in the club-room of the Palmer House, Chicago, Professor J. B. Biddle, of Jefferson Medical College, provisional president, in the chair.

Professor Edward Curtis, of New York, offered the following resolutions:—

Resolved, That the Provisional Association of American Medical Colleges do now adjourn, *sine die*.

This was put and carried. He also offered the following:—

Resolved, That the American Medical College Association do now organize, under the officers of the former Provisional Association, with the constitution, by-laws, and articles of confederation adopted at the last meeting of the Provisional Association, and that colleges represented by delegates at the Provisional Association and eligible for membership of the present association under its constitution, be now called upon, *seriatim*, for the subscribing by the delegates to the constitution, by-laws, and articles of confederation.

This resolution was unanimously carried, and the chairman then declared the new permanent organization effected. He then called on the representatives of the several medical colleges to step forward, as the names of their colleges were called. The roll thus made up was as follows:—

Jefferson Medical College, J. B. Biddle.

College of Physicians and Surgeons, Medical Department of Columbia College, New York, Edward Curtis.

Medical Department of the University of Louisiana, J. N. Bodine, and L. P. Yandell, Jr.

Hospital and College of Medicine of Louisville, William Bailey, and Dudley S. Reynolds.

Medical Department of Iowa State University, W. F. Peck and E. F. Clapp.

Chicago Medical College, Medical Department of the Northwestern University, N. S. Davis.

Medical Department of University of Wooster, Ohio, W. J. Scott and H. J. Herrick.

Cleveland Medical College, Medical Department of Western Reserve College, Isaac N. Himes.

Detroit Medical College, E. W. Jenks, Theodore A. McGraw and L. Connor.

Starling Medical College, S. Loving.

Medical Department, University of Vermont, A. T. Woodward.

Medical Department of Vanderbilt and Nashville Universities, John H. Callender and T. A. Atchison.

Missouri Medical College, St. Louis, P. Gervais Robinson.

Dartmouth Medical College, Hanover, N. H., C. S. Dunster.

Kansas City College of Physicians and Surgeons, T. B. Lester.

Miami Medical College, of Cincinnati, Ohio, John A. Murphy.

Louisville Medical College, C. W. Kelly and E. G. Gaillard.

Department of Medicine and Surgery, of the University of Michigan, Donald Maclean.

Medical Department of the University of Louisiana, New Orleans, T. G. Richardson.

Rush Medical College, Moses Gunn.

Indiana Medical College, John A. Comingor.

Medical College of Fort Wayne, H. A. Clark.

The Women's Hospital Medical College of Chicago, Charles W. Earle.

Dr. McGraw, of Detroit, offered the following resolution:—

Resolved, That each and every confederate college publish in its annular circulars and catalogues the names of all confederated and affiliated colleges, beginning with the commencements of 1878–79.

The resolution was adopted.

Dr. Curtis, of New York, offered a resolution providing for an assessment of $5 on each confederated college, for expenses already incurred, and the resolution was adopted.

The election of officers was announced to be in order, and Dr. Curtis nominated the following: For President, Dr. J. B. Biddle, of Philadelphia; for Vice-president, Dr. N. S Davis, of Chicago; and for Secretary, Dr. L. Conner, of Detroit. It was voted that Dr. Curtis cast the vote of the Association for these officers. Dr. Curtis objected that this was setting a bad precedent. The vote was reconsidered, and the ballot was taken in the usual way. The nominees were unanimously elected. Prof. Biddle said, for this mark of confidence he felt profoundly grateful. He thought the Association might congratulate itself on its proceedings, in quantity and quality. The moral power of the organization was destined to wield a mighty influence.

Dr. Davis was called on for a speech. He

thanked the Association for its compliment, and said he looked forward, as did Dr. Biddle, to a very marked and general elevation of medical instruction in this country, as a result of the moral force exercised by the Association.

The Association passed a vote of thanks to the President for the ability and courtesy he had displayed as chairman, and to the committee on constitution and by-laws, Profs. Edward Curtis, T. A. Atchison, and L. P. Yandell, Jr., especially to the first-named gentleman, for their arduous and successful labors.

The Association then adjourned *sine die*.

During the session a Constitution, By-Laws, and Articles of Confederation were adopted. The last mentioned of these are of sufficient general interest for republication :—

Articles of Confederation, to be Subscribed and Conformed to by all the Colleges of the Association.

ARTICLE I. OF THE FACULTY.

The medical members of the faculty must be *regular* graduates or licentiates and practitioners of medicine, in good standing, using the word "regular" in the sense commonly understood in the medical profession.

ARTICLE II. OF TUITION.

SECTION 1.—The scheme of tuition shall provide for a yearly systematic course of instruction, covering the general topics of Anatomy, including dissections, Physiology, Chemistry, Materia Medica and Therapeutics, Obstetrics, Surgery, Pathology, and Practice of Medicine. The collegiate session, wherein this course is given, shall be understood as the "regular" session.

SEC. 2.—Said regular session shall not be less than twenty weeks in duration. This Section to go in force at and after the session of 1879–80.

SEC. 3.—Not more than one regular session, counting the regular session as one of the two courses of instruction required for graduation, shall be held in the same year.

ARTICLE III. REQUIREMENTS FOR GRADUATION.

No person, whether a graduate in medicine or not, shall be given a diploma of "Doctor of Medicine" who shall not have fulfilled the following requirements, *except* as hereinafter provided for in Article IV :—

1. He must produce satisfactory evidence of good moral character, and of having attained the age of twenty-one years.

2. He must file a satisfactory certificate of having studied medicine for at least three years, under a *regular* graduate, or licentiate and practitioner of medicine, in good standing, using the word "regular" in the sense commonly understood in the medical profession ; this clause to take effect at and after the Session of 1879–80. No candidate shall be eligible for final examination for graduation, unless his term of three years' study shall have been completed, or shall expire at a date not later than three months after the close of the final examinations.

3. He must file the proper official evidence that, during the above mentioned three years, he has matriculated at some affiliated college, or colleges, for two regular sessions, and in the course of the same (except as provided in 4) has attended two full courses of instruction on the seven topics mentioned in Article II. But the *latter*, at least, of the two full courses must have been attended at the college issuing the diploma No two consecutive courses of instruction shall be held as satisfying the above requirements, unless the time between the beginning of the first course and the end of the second is greater than fifteen months.

4. In case a college shall adopt a systematic graduated scheme of tuition, attendance on the whole of the same shall be equivalent to the requirements mentioned in 3, *provided* such scheme includes instruction in the seven topics mentioned in Article II, and requires attendance at at least two yearly regular collegiate sessions, of not less than twenty weeks' duration each.

5. The candidate must have passed a personal examination before the Faculty, on all seven of the branches of medicine mentioned in Article II.

6. He must have paid in full all college dues, including the graduation fee.

ARTICLE IV. OF HONORARY DEGREES.

An honorary degree of "Doctor in Medicine" may be granted, in number not exceeding one yearly, to distinguished physicians or scientific men of over forty years of age. But in such case the diploma shall bear across its face the word "Honorary," in conspicuous characters, and the same word shall always be appended to the name of the recipient, in all lists of graduates.

ARTICLE V. OF FEES.

SECTION 1.—All fees shall be paid in lawful money, and no promissory notes or promises to pay shall be accepted in lieu of cash, for payment of fees.

SEC. 2.—No ticket, or other certificate of attendance upon college exercises, shall be issued to any student until the dues for the same shall have been fully paid.

SEC. 3. The established fees for the exercises of the regular session, except the matriculation fee, graduation fee, fee for dissections, may be reduced, not more than one-half, to graduates of other affiliated colleges of less than three years' standing, and to under-graduates of the same who have already attended two full courses of the instruction of the regular session.

SEC. 4. The same fees may be remitted altogether to a college's own alumni, to graduates of other affiliated colleges of three years' standing—the three years dating from the time of graduation and ending at the close of the regular session for which the tickets are given —to under-graduates who have already attended

two full courses of the instruction of the regular session, the latter of which, at least, shall have been in the college making the remission, and to theological students, when not candidates for a diploma.

SEC. 5. Under no circumstances whatever, other than the above, shall the Faculties, or any members of the same, grant, *upon their own authority*, any remissions or reductions of established fees. And it is distinctly understood and agreed that the Faculties will discountenance and oppose the authorizing by governing boards, of admission of individual students upon other than the regularly established charges for their grade.

SEC. 6. Remission or reduction of fees for other exercises than those of the regular session, return to a student of any monies after payment of fees, or an appropriation of funds of the college for payment of any student's fees, or part thereof, shall be deemed violation of the provisions of this article in regard to remission or reduction of fees.

ARTICLE VI. OF RECOGNITION OF OTHER COLLEGES.

No college shall admit to the privileges accorded in Articles III and V the students or graduates of any college which, during any period of the students' or graduates' pupilage, shall have been excluded from the list of affiliated colleges recognized by the Association.

ARTICLE VII. AMENDMENTS.

Amendments to these Articles shall be proposed and adopted in the manner prescribed for amendments to the Constitution.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

The Association of American Medical Editors met in the reading room of the Palmer house. H. C. Wood, M. D., of Philadelphia, occupied the chair, and Dr. F. H. Davis acted as secretary.

Dr. Wood delivered the annual address. He described the Association as an offensive and defensive alliance, and he urged the importance of a close union among medical editors, that in attacking ignorance and erroneous practice they might have a prospect of success.

Comparing American with English journalism, he said the value of the former was distributed among too large a number of papers and magazines, so that America can present but few periodicals to compare with the leading English periodicals of the same character. A popularization of the *hari kari* among American medical editors would result in great benefit to the public, and would afford the few really good periodicals a decent support.

The necessity of improving medical education received his attention, and he suggested that the endowment of medical colleges, and government inspection, would afford a remedy, but $50,000,000 wouldn't properly endow the best medical schools, and there would always be a large number of medical schools ready to sell the right to poison and kill at the lowest rates.

The multiplicity of States is an obstacle to legislation, and from this method no help can be hoped for unless a uniform act can be adopted by all the States.

He thought that the refusal of allopathic physicians to associate or co-operate with physicians of other schools was a needless obstacle to efficient action in checking quackery. In Canada the different schools unite to elect union examining boards, representing all the regularly educated schools. This, Dr. Wood thought, was practicable here, but if it was not adopted, there might be separate boards of examiners for the different schools. A third, and perhaps the best plan, would be to have a State board of examiners to examine candidates in those branches which are common to all schools, being supplemented by boards of therapeutists of the several schools, to examine in those subjects on which the schools differ. At any rate, in the estimation of Dr. Wood, the exigency was so great that some means of protecting the profession and repressing quackery ought to be tried.

Dr. Wood then threw the subject open for debate, and it was discussed by Dr. N. S. Davis, who spoke of the history of the organization, and Dr. Murphy, of Cincinnati, who sharply criticised all the points of the address, and by Dr Bell.

Dr. John P. Gray, of Utica, was elected President, and Dr. L. Conner, of Detroit, Vice-president. Dr. Frank Davis, Secretary, held over.

The Association then adjourned till next year.

RHODE ISLAND MEDICAL SOCIETY.

The sixty-sixth annual meeting of the Rhode Island Medical Society was held June 11th. The meeting was called to order at 1 30 P. M., the President, E. M. Snow, in the chair.

On the subjects of the Prize Essay proposed for 1877, the Trustees make no award.

They announce the following subjects for 1878.

1. The causation of Typhoid Fever.
2. Diphtheria, its causes, diagnosis and treatment.
3. Alimentation in acute diseases.

To the best dissertation on either or each of these subjects, worthy of a premium, they offer the sum of two hundred dollars, on the usual conditions.

The Trustees present their fees for remuneration to the Printing Fund, to be used only for printing Prize Disputations, or to add to the Printing Fund.

The Secretary, Dr. W. E. Anthony, read his annual report, which was received and ordered placed on file.

The Registration Committee made a verbal report.

The following named Fellows were nominated

and elected officers of the Society for the ensuing year.

President—Charles M. Fisher, M. D., North Scituate.

First Vice-President—Edward T. Caswell, M. D., Providence.

Second Vice-President—George P. Baker, M. D., Providence.

Recording Secretary—W. E. Anthony, M. D., Providence.

Corresponding Secretary—E. M. Harris, M.D., Providence.

Treasurer—T. Newell, M. D., Providence.

Censors—Ariel Ballou, M. D., J. H. Eldredge, M. D., W. O. Brown, M. D., David King, M. D., Otis Bullock, M. D., S. Clapp, M. D., J. W. C. Ely, M. D., George L. Collins, M. D.

William Darling, M. D., F. R. C. S., Professor of Anatomy in the University Medical College, and J. F. Noyes, M. D., Professor of Ophthalmology of the Detroit Medical College, were elected honorary members of the Society.

NEBRASKA STATE MEDICAL SOCIETY.

This Society met at Omaha, June 5th and 6th. Officers for the ensuing year were elected, as follows: President, Dr. L. J. Abbott, of Fremont; first Vice-President, Dr. E. M. Whitten, of Nebraska City; second Vice-President, Dr. Henry Link, of Douglas county; Corresponding Secretary, Dr. R. R. Livingston; Treasurer, Dr. L. H. Robbins. The Committee on Grievances presented complaints against Drs. Mercer and Denise, charging them with having advertised their business by cards, handbills, etc., as specialists, contrary to the ethics of the Association. The report was laid on the table; ayes 16, nays 9. The Convention subsequently refused to refer the complaints to a new Committee on Grievances to report next year.

The persons mentioned represent the "American Surgical Institute," of Omaha, and elsewhere, a concern widely advertised and puffed in the ordinary newspapers. The Omaha *Journal of Commerce*, June 11th, celebrates the action of the Society as a liberal and enlightened act, doing away with that article of the Code of Ethics discountenancing the advertising of specialties.

For ourselves, we think that the Nebraska State Medical Society should not be recognized any longer by the American Medical Association, or other regular and honorable societies. It has disgraced itself, and ought to be ostracised until it is purged.

EDITORIAL DEPARTMENT.

PERISCOPE.

Theory of the Action of Iodide of Potassium.

We learn from the *Practitioner* that Dr. Kämmerer explains the medicinal action of this salt by referring to its decomposition by the action of ozonized oxygen and by carbonic acid gas. In solutions of potassium iodide, ozone causes separation of free iodine; and when in dilute aqueous solution the pressure of carbonic acid gas breaks up the salt into hydrogen iodide (hydriodic acid) and potassium bicarbonate, but the free hydriodic acid is readily decomposed by free oxygen, even when not ozonized into iodine and water. Now iodide of potassium, when introduced into the stomach, is absorbed directly into the blood. Here it meets with a large quantity of carbonic acid gas at a high pressure, and is decomposed into hydriodic acid and potassium bicarbonate, and the former is then immediately split up by the oxygen in the blood, into free iodine and water. And even if the decomposition of the iodide by the carbonic acid does not take place, the oxygen in the blood, which closely resembles ozone in its properties, is capable of setting the iodine free. This free iodine does not act upon the inorganic constituents of the blood, since, on the one hand, the bicarbonates are not decomposed by it, and, on the other, between potassium phosphate and iodine a reaction may take place, leading to the formation of an inferior oxide of iodine (subiodic acid), which last is reducible with extreme facility, and consequently effects rapid combustion of organic material, free iodine being at the same time set free, which again becomes converted into hydriodic acid, to undergo the same series of changes. The action of iodide of potassium in augmenting the temperature of the blood and causing emaciation, Dr. Kämmerer considers to be fully explained by the action of the drug in increasing the combustive operations in the blood.

A Case of Salivary Calculus.

The following interesting case is given in the *British Medical Journal*, by Dr. Reid, of Aberdeen. A man between thirty and forty years of age, otherwise in good health, had been troubled for several months with pain and swelling in the region of the submaxillary gland. But little swelling was perceptible between the gland and the outlet of the duct, although there was swelling in the gland itself. Liniments, poultices, warm water kept in the mouth, etc., were resorted to without any relief, and the pain and stiffening of the jaw became increased, so that swallowing was scarcely possible. A swelling beneath the tongue began to

appear at this time, and, in the course of two or three days from the first appearance of this swelling, the duct being much distended, a whitish speck was seen in the sublingual caruncula; and, on an opening being made, a concretion about the size of a pea was easily scooped out. The operation relieved the pain entirely, but the swelling did not altogether subside; and a relapse took place in about a year. The concretion in this case, though small, was large enough to close up the duct and obstruct the passage of the secretion, and caused a swelling like a half developed ranula. Had the tumor been opened at the thinnest part, the concretion would most likely have escaped observation. The case seemed to indicate that the mere size of the concretion did not determine the extent of the dilatation of the duct, but that it acted, whether large or small, as an obstruction, and might cause enlargement to any extent almost. The calculi in both the cases consisted of phosphate of lime with a little organic matter. Dr. Reid brought out the case on account of the analogy which seemed to him to exist between the formation of these concretions in the glands, their escape, and their slow and painful passage along the ducts, and the urinary deposits in the pelvis of the kidney, their escape, and passage along the ureters.

Ablation of the Uterus.

In the *Annales de Gynecologie* of late date, two cases in which the inverted uterus was removed, by means of the elastic ligature, are reported. Dr. Courty tried to reduce the uterus, but failed. A caoutchouc tube was fastened round the neck of the uterus and its end tightly fixed by a waxed thread; it was tightened from time to time; the uterus was completely detached at the end of thirteen days. The patient was discharged cured at the end of two months. The second case was under the care of Dr. Arles ("Paris Medical," Sept. 7, 1876). The ligature was applied in the same way; the uterus was detached at the end of fifteen days; there was neither hemorrhage nor other bad result. Dr. Courty suggests that, so as more clearly to mark the line of section, a furrow should first be burned round the uterine neck by the galvanocautery.

The Thermometer in the Diagnosis of Pregnancy.

In the Parisian Journal (*Archives de Toxicologie*), Dr. Marduel says one can easily see the importance of this subject as a new diagnostic sign in pregnancy, especially if the sign affords a certainty at a period when the other signs are probable. He then quotes the observations made by Cohnstein and Fehling, the latter of whom confirms the observations made by Cohnstein in eighteen cases. He then quotes Schleisinger and Klescieff, and gives the following summary:—

In a gravid uterus, containing a living child, the temperature is 0.27° to 0 54° Fahr. higher than in the vagina, the temperature in the vagina exceeding that of the axilla. On the other hand, in a gravid uterus, containing a dead fœtus, the temperature is somewhat lower than that of the vagina The uterine temperature is also raised in case of endometritis, parametritis, etc.

He gives Alexieff's results on the temperature in the mouth and by the rectum of the fœtus, and they vary from 1.26° to 2 34° Fahr. for the rectal temperature, and of 0.54° to 1 26° Fahr. for the temperature of the mouth above that of the vagina.

Aspiration in Strangulated Hernia.

The *Practitioner* states that M. d'Outrelepont has practiced aspiration in two cases of strangulated hernia. The first case was that of a woman, aged forty-eight, who had a femoral hernia that had been strangulated for two days. The taxis had been tried without effect. A puncture was made with the needle of the aspirator (No. 1 Dieulafoy), and about fifty grammes of sero-sanguineous liquid was withdrawn; the hernial tumor, though softened, could not be reduced. The symptoms calmed down and the patient left the hospital. Six months after the hernia again became strangulated, but this time taxis was applied within twenty-four hours, and reduction was effected. The second case also occurred in a woman, aged forty-eight, affected with crural hernia. A puncture was made with a No. 2 needle, and a quantity of bloody serum removed, smelling strongly feculent. The hernia could not be reduced. The symptoms continuing, an operation was performed. On opening the sac the contents of the intestine were seen to escape from the opening made by the needle. The stricture was divided, but the intestine was not relieved; the patient died in a fortnight. D'Outrelepont concludes that in small and tense hernia, in which gangrene is apt to supervene early, aspiration ought not to be tried, except during the first few hours. In large herniæ, in which the progress of the malady is not so violent, aspiration may be tried at a more advanced period.

A Turpentine Bath in Rheumatism.

In a recent monograph, Dr. Bremond strongly advocates the use of turpentine baths, employed by placing the patient in an apparatus where his body is enveloped in an atmosphere saturated with turpentine.

The apparatus consists of a box placed in communication with a generator of steam, and it is so contrived that, at the moment when the steam enters, it is charged with turpentine, the latter being very finely divided into a kind of spray, which permits of its ready absorption by the skin.

The patient is seated on an easy chair inside the box, but his head is outside, and is never exposed to the medicated vapors. The tempera-

ture of the bath does not exceed forty-five degrees Centigrade, and generally forty degrees are sufficient; and Dr. Bremond states that he has observed only twice, out of more than 3000 baths, any of that artificial exanthem which accompanies terebinthinate applications to the skin, and yet he employs for every bath more than 200 grammes (a gramme is about fifteen grains) of essence of turpentine, or rather of the essence of the California cedar, which seems to him more efficient than that of the indigenous turpentine. The medicated steam is spread over the surface of the body by means of the apparatus described, and is absorbed by the skin, and Dr. Bremond considers that the turpentine thus introduced into the tissues meets the residues of nutrition when these are in excess, and by causing their combustion, prevents the undue formation of uric acid. He refers to another action of turpentine, namely, its effects on the tegumentary system, and he considers that the drug produces on the mucous membranes an effect quite as beneficial as that of its isomer copaiba.

The Use of Glycerine.

Several experiments on this subject, by M. Catillon are reported in the London *Medical Record*:—

A notable diminution of the proportion of sugar was found in the blood of dogs submitted for long together to the influence of glycerine. But this influence of glycerine only seems to be exerted after ultra-therapeutic doses; and M. Catillon was inclined to believe that the explanation of the favorable effects which glycerine may produce on diabetic patients must be sought in its action on the production of urea, and on the digestive functions. M. Cattilon has never found either sugar or albumen in the urine after the administration of glycerine in any dose whatsoever. Glycerine possesses decided laxative properties; a dose of 15 or 30 grammes induces, if taken into the stomach of an adult, an easy and soft motion; sometimes, too, the laxative effect does not increase with large doses administered all at once. Glycerine, introduced into the stomach in large quantities, may act in two completely different ways, according as it is taken, in single large doses, or in repeated small doses. In the first case, when the proportion of 15 grammes to the kilogramme of the body-weight is reached, fatal accidents may supervene, and lesions comparable to those of acute alcoholism are found. In the second, on the contrary, no symptom but a rise in the temperature is manifested. It would appear that the rational dose of glycerine is from 15 to 30 grammes a day, if its functions for the restoration and regulation of the digestive functions are to be utilized. A dose of from 40 to 60 grammes, taken at once, may produce slight irritation of the kidneys and bladder. If we wish to give larger doses, as Dr. Harnach does in the treatment of diabetes (180 to 360 grammes), it is important to divide them so that they may be tolerated. These large doses do not appear to offer any advantage, and they bring on intestinal disturbances. They cause no other inconvenience; on the condition, however, that a quantity equivalent to 15 grammes to the kilogramme of the body-weight be not taken at once.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Specialty of Diseases of Women." By Clifton E. Wing, M. D. Boston. An able article on the propriety and necessity of such a specialty. The author trusts to see Gynæcology as firmly established as its sister specialty Ophthalmology (once held, as well as Gynæcology, in dispute by the majority of the profession), and its practice reserved for those who are qualified for it.

——"Poisonous Effects of Cyanide of Potassium." By Joseph Jones, M.D., Professor of Chemistry, and Clinical Medicine in the University of Louisiana. The paper gives a careful and thorough consideration of this most formidable poison. The chemical and physical properties are first dealt with, then its action on plants, on living animals, and finally, its effects on man. It is asserted that hydrocyanic acid is as fatal to animal life, when combined with alkaline bases, as when it is free, and hence, "ammonia cannot be regarded as a chemical antidote in cases of poisoning by prussic acid; it acts merely as a stimulant to the cerebro spinal and sympathetic systems." As regards the treatment of poisoning by cyanide of potassium, it is difficult often to institute treatment, but, "if possible, the stomach pump should be used, and the stomach washed out with a weak solution of green sulphate of iron, which will decompose the poison." A weak solution of chlorine is also beneficial. This gas, when inhaled, is one of the most potent antidotes to the effects of prussic acid; it must be used with care, however, and well diluted. Ice to the head and spine, cold effusion, artificial respiration, and electricity, should not be neglected.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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MEDICAL SOCIETY REPORTS.

Most of our space this number is conceded to the Proceedings of Medical Societies and allied bodies. Although the actual addition to one's working stock of knowledge, by the perusal of these reports, may not be large, there are many reasons why they deserve attention by all members of the profession.

Organization has been found to be by far the most effective means of bringing about good; and the good of the community is unquestionably, to the physician, second only to the care of, and provision for, himself and those immediately dependent upon him. Time was when the lonely prophet or philanthropist set out to convert or reform the world, without asking aid from constitutions, by-laws, and confederation; but now, with a changed civilization, with an incomparably closer intercourse, and rapid communication, it is found that too little is accomplished by the one-man power, unless this is employed to direct the forces of large and united assemblies. In one day, these can mature a working plan, and place it in effective operation, while, by the old-time method, a generation would be required to accomplish as much.

It has been found, too, that rivalries, dissensions, and controversies are appeased most promptly by a face-to-face discussion. The venom that flows black from the pen is neutralized by the happy antidote of social intercourse.

There is, also, an indefinite capacity for misinterpreting men from their writings, and from what one hears of them. Pigmies loom to giants, athletes diminish to dwarfs; and only when we measure them ourselves is the error of the visual angle corrected.

In the late meetings which have been held, much was accomplished and much was suggested for future labor. The American Medical was largely attended, principally from the Northern Central States, and the discussions were earnest and without acrimony. The Association of Medical Colleges reached some conclusions of very great value, and which, if adopted and carried out in good faith, will be felt of epochal moment to the cause of professional education. The Association of American Editors listened to an orator whose passion for censorship is as well known as it is indiscriminate; and though many of his shafts fell short, or were, in his auditors' opinions, aimed at windmills, such a miscellaneous volley will doubtless strike some abuse in a vital part.

For these reasons, the reading of Proceedings, though in the main tedious, is a sort of bounden duty for the man who wears the harness of the profession.

More has undoubtedly been reached by the union of forces in the State and United States Medical Associations, in the last quarter of a century, than by the disassociated members of the profession, yes, ten times more, although the latter are in the vast majority. This consideration should be reason enough for every enlightened physician to attach himself to a society.

Notes and Comments.

A Double Pig.

Dr. J. N. Medbery, of Iowa, describes a porcine monster: The pig, born at term, is of medium size, having one well-developed head, neck and shoulders, with front legs as natural, with one body, about two and a half inches back of the shoulders, at which point it separates into two distinct and separate bodies, each body having two hind legs well developed, and each body having the less important part, a tail. At the bifurcation two other designedly front legs originate on the back, and are of equal length and size of the other legs; each and every part of the pig is well developed, and was well nourished up to the time of birth. All in all, it is one of the finest specimens of curiosity known to me. One head, one anterior and two posterior bodies, eight legs, two tails, and is of the female gender.

Benzoic Acid in Chronic Cystitis.

Dr. Mulhorn reported, before the late meeting of the Wayne County Medical Society, Michigan, that he had a lady patient who had suffered from cystitis for three years. There was frequent desire to urinate, but ten-grain doses of benzoic acid very promptly relieved this difficulty. He has found benzoic acid to work like a charm in cystitis.

Correspondence.

Metritis.

Ed. Med. and Surg. Reporter:—

For the relief of this painful affection I have used the fluid extract of ergot, with good results. My first trial of it was in the case of a woman, who was subject to frequent abortions. Her first abortion took place at about the fifth month, her last came on at the third or fourth week. Several days after this occurrence a violent metritis set in, accompanied with high fever and severe pain. Previous to this attack I had been using warm water and carbolic acid injections as a deodorizer, and to wash away the clots after the abortion. However, the metritis set in with great violence, and with slight delirium, threatening an early dissolution. At the very beginning, I gave her half a teaspoonful of fluid extract of ergot every three hours, and continued it all day. On the second day I used an injection of warm water and fluid extract of ergot (two drachms of extract to one syringeful of warm water). Every injection gave great relief from pain in a few minutes. I continued this treatment for several days. And finally the fever gradually subsided, and the patient got well, without the assistance of any other medicinal agent. I have used this treatment in cases since this one, with similar results, alternating the treatment, first by mouth, then by injections.

John M. White, M. D.

Pleasant Ridge, Ala., May 25th, 1877.

Free Dispensaries.

Ed. Med. and Surg. Reporter:—

In regard to the article, "Abuse of Free Dispensaries." May 12, 1877, vol. xxxvi, page 431, I take the liberty to give to you some suggestions which, in my opinion, would set the matter right:—

1. "Free dispensaries" are and should be gratuitous, but only for the *pauper*.

2. Physicians of such charitable institutions must be of *good standing*, and they should give help *without* ostentation.

If you acknowledge these two points, then you will also accept my opinion, viz.:

1. That every applicant for advice in a dispensary should show a certificate sworn to before the Officer of the Poor of his or her district.

2. All physicians in dispensaries competing, in the number of patients, with other similar institutions, by prominent advertisements, etc., should be stricken from the roll of regular physicians.

But the same reproach as to dispensaries attaches to the dispensaries of our distinguished clinical institutions.

Hoping to have stricken the right rock, according to our ethics, I request you to assist further the "abused" practitioner in the Reporter. Very respectfully yours,

703 *N. Fifth street.* L. Gruel, M.D.

News and Miscellany.

Notes and Comments.

Burn Brae.

This is the odd name of Dr. Givin's admirably arranged establishment for the treatment of diseases of the mind, situated near this city. The large and handsome house, surrounded by its

Cholera at Brownsville, Texas.

The Brownsville, Texas *Sentinel*, June 8th, announces that a disease something like the cholera has broken out among the troops at Ringgold barracks. About thirty are in the hospital and six have died. The attacks commenced with diarrhœa and colic. A similar disease has appeared in the city, and several cases have proved fatal within the past few days.

An Ambulance Service

Has been established at the Pennsylvania Hospital, by the means of which persons who have received injuries will be promptly sent for, and properly conveyed to the hospital, on notice being received at the institution. In cases of injury, application should be immediately made at the nearest police station, from all of which there is telegraphic communication with the hospital, or notice may be given at the entrance of the institution.

Personal.

—The July number of the HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE will be ready early in July. Dr. C. C. Vanderbeck has been appointed assistant editor.

—Dr. Wormley, of Ohio, has been elected to the Chair of Chemistry, University of Pennsylvania; Dr. Tyson, of this city, is to fill temporarily the Chair of Physiology; and Dr. ——— has been chosen Professor of Clinical Surgery to the University Hospital.

—The Galveston *News* says Dr. J. W. Brown was murdered, recently, at the Kennedy House, in Houston, Texas. He was a graduate of Nashville Medical school; came to Texas in 1866. He left five children living near Nashville, by his first wife, who died here, of yellow fever, in 1873.

—Professor A. E. Macdonald, M. D., Medical Superintendent of the New York City Asylum for the Insane, on Ward's Island, having obtained permission from the Commissioners of Charities and Correction, is delivering a series of lectures at the Asylum, on the diagnosis of insanity. Lectures of a similar kind are delivered in England and on the continent of Europe with great advantage to the student and without detriment to the patient, and it is thought that under proper regulations a like result can be obtained in this country. Dr. Macdonald's plan has the approval of Drs. Hammond, Janeway and Seguin, and Prof.

Organization has been found to be by far the most effective means of bringing about good; and the good of the community is unquestionably, to the physician, second only to the care of, and provision for, himself and those immediately dependent upon him. Time was when the lonely prophet or philanthropist set out to

—The American Association for the Advancement of Science, will meet at Nashville, Tenn., August 29th. Mr. F. W. Putnam, Salem, Mass., is the Permanent Secretary.

—"The Sick-Diet Kitchen of the House of Mercy," 411 Spruce street, Philadelphia, Pa., provides proper diet for consumptives of the House of Mercy, and is also intended as a charity for the invalid poor in general. Donations may be sent to Rev. Samuel Durborow, Superintendent House of Mercy.

Death from Ten Grains of Chloral.

Dr. E. E. F. Ingalls, *Chicago Medical Journal and Examiner*, reports:—"A German woman, about thirty-three years of age, apparently healthy, came into the office to have some teeth extracted. She desired some medicine to prevent the pain, and the doctor gave her ten grains of hydrate of chloral, which dose he repeated in one hour. Soon after the second dose the patient manifested alarming symptoms of poisoning, and although all was done that could be, to resuscitate her, she died in about fifteen minutes. No post-mortem examination was made. The patient had taken only two doses of chloral, of ten grains each—the second having been given one hour after the first.

QUERIES AND REPLIES

Hypodermic Injections.

MR. EDITOR:—In administering medicines hypodermically, what is the proportionate quantity to be given, as compared with the dose given by the stomach? D. C. MCCAMPBELL.

North Mt. Pleasant, Miss.

Reply.—Authorities differ, and drugs differ in relative effect. About one-third to one-fourth of the dose by the stomach is, perhaps, an average.

MARRIAGES.

PERDUE—STEVENS.—On the 16th of May, 1877, by Rev. J. R. Danforth, W. R. Perdue, M. D., of Unionville, Pa., and Miss Nellie V., daughter of Dr. A. H. Stevens, of Philadelphia.

TRENT—DANFORTH.—On the 31st of May, at the residence of the bride's mother, near La Fayette, Alabama, Dr. William B. Trent and Miss Addie Danforth.

DEATHS.

BROWNELL.—At Saratoga Springs, June 6th, of apoplexy, Dr. Charles A. Brownell, formerly of Troy, in the forty-ninth year of his age.

CLARKSON.—On Friday, June 1st, 1877, in New York, Cornelius V. Clarkson, M. D.

DEWEY.—In Montpelier, Vermont, May 29th, Dr. Julius Dewey, aged seventy-six years.

DUFFEE.—In Philadelphia, on the 25th instant, Dr. Washington J. Duffee, in the sixty-third year of his age.

HUSTON.—On Wednesday, May 30th, 1877, at Eldon, Iowa, Willis L., infant son of Dr. R. W. and Hortie J. Huston, aged nine months and ten days.

KISSAM.—At Huntington, Long Island, on the morning of the 1st instant, Hannah, wife of Dr. Daniel E. Kissam, of Brooklyn.

KNIGHT.—In Philadelphia, on the 31st of May, Dr. William L. Knight.

STEARNS.—At No. 23 West Tenth street, New York, on Wednesday, the 30th ultimo, Mary E., wife of Charles W. Stearns, M. D., and daughter of the late William Checkley Shaw, of Baltimore.

VARLEY.—In New York city, on Monday, June 11th, of apoplexy, Margaret Varley, wife of C. D. Varley, M. D.

WILLIAMSON.—In Philadelphia, on Thursday, May 24th, Duncan Williamson, M. D., in the fifty-fourth year of his age.

THE

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CLOSING THE VOLUME.

In closing the present volume, we cannot allow the opportunity to pass without thanking the profession for the continued support its members have extended to our efforts to publish a journal which, in all respects, shall be worthy of the physicians of the United States. The time was when the medical science of this country was eyed askance by the practitioners of the Old World. That time has forever gone by. As a class, no other practitioners in the world are so intimately acquainted with all the resources of their art; none are so fertile in methods, none so imbued with the really practical, beneficent, and honorable spirit of their calling, as those of this country.

These traits and elements of education it is the special province and aim of this journal to represent and cultivate. To extend to the utmost therapeutic knowledge, to explain in its widest sense the meaning of preventive medicine, to uphold in the clearest light the honorable principles of association in labor, to maintain the unity of medical practice as a business and as a scheme of benevolence—these are the clearly defined purposes which have long controlled the utterances of this journal, and shall continue to do so, so long as its present management continues. That, in these days of lessening incomes and increasing economies the profession continue heartily and earnestly to support these endeavors, is most gratifying to this management.

Notes and Comments.

Burn Brae.

This is the odd name of Dr. Givin's admirably arranged establishment for the treatment of diseases of the mind, situated near this city. The large and handsome house, surrounded by its extensive and beautiful grounds, impresses the visitor most favorably as he approaches. Inside he finds every arrangement for salubrity and safety. Hardly anything suggests that he is in an asylum for the insane. But closer inspection proves that nothing required for the security and treatment of the patients is omitted. Their limited number, moreover, secures for

each that personal attention which he could never get in a large institution.

From a long personal acquaintance with Dr. Givin, and a personal knowledge of his establishment, we commend it, in preference to all others, to those of our readers who are seeking for some resort where they can send insane patients of either sex, and in all stages of the malady.

The Index.

A large portion of this number is given up to a very thorough index of the last six months' Reporters. The value of periodical literature is vastly increased by such an analysis of contents; and we are sure our readers will not regret to see so much space devoted to this indispensable feature.

The Rash Produced by Bromide of Potassium.

At a late Society meeting in London, Dr. David Lees exhibited an infant aged nine months, with a pronounced bromide rash. A month ago it had convulsions, and had five grains and a half of bromide of potassium given every three hours, under the opinion that it was suffering from acute hydrocephalus. Under this treatment the symptoms quite disappeared. The rash appeared in spots, like the points of acne, with a yellow spot in the centre. These spots then coalesced and formed patches; these patches again became covered with a crust, which was really a dried secretion. Where these crusts were exposed to friction, as on the neck, long papillæ might be seen. These minute yellow spots were characteristic. In this case the rash came on as the bromide was being given up. The President remarked that it was curious how these rashes were produced in some persons, while others could take any amount of the bromide without any such result.

News and Miscellany.

The East Indian Cinchona Plantations.

Some fourteen or fifteen years ago the Government of India planted on the Neilgherry Hills a number of trees, which have flourished, and are now producing valuable bark, used for making quinine. The yield has been steadily increasing year by year. Last year, 60,000 lbs. weight was imported, and met with a ready ale in this market. This year, 80,000 lbs. has been received, and has been sold at extreme prices, in consequence of the short supply of quinine barks from Colombia and Ecuador, where revolutions have been going on for some months. There are two sorts of Indian bark: the *officinalis*, or Crown, and the *succirubra*, or red. The Crown contains the largest quantity of quinine, and is much sought after; it has fetched lately 11*s.* to 15*s.* 6*d.* per lb., and the other 3*s.* 6*d*, to 9*s.* per lb.

A School for Nurses.

The Paris Société de Médecine Practique has set on foot a school for the instruction of nurses, at which are to be given evening gratuitous lectures, followed by practical instruction and examinations. Diplomas are also to be conferred. The following subjects of lectures are announced: Attendance upon Lying-in Women and New-born Infants; General Ideas Concerning Medicine; Care of the Wounded; General Attendance upon the Sick; General Ideas Concerning Hygiene; Minor Surgery, Bandages, and Apparatus; Pharmacy; Hygiene of the Aged, and Attendance on the Insane and Paralytic; Anatomy and Physiology; Frictions, Shampooing, and Hydropathy. These various subjects are to be lectured upon by twenty professors.

Personal.

—After considerable coqueting, which might just as well have been left out of the programme, Professor Lister has accepted a Professorship in King's College, London.

—Sir Robert Christison, who has been in failing health for some time, has resigned the Chair of Materia Medica in the University of Edinburgh, which he has held with much distinction since the year 1832. Sir Robert, before being appointed to the Chair which he has now relinquished, had filled for ten years that of Medical Jurisprudence.

—Dr. Kundrat, Professor Extraordinary of Pathological Anatomy in Gratz, has been appointed ordinary professor of the same subject.

—Dr. Wilhelm Volkmann, of Halle, one of the founders—with Weber, Müller, Von Baer, and others—of modern physiology, died, at the age of 76, on April 21.

QUERIES AND REPLIES.

Staufer's Instruments.

Dr. S. K. P., of Mo.—Yes, we have used Staufer's specula, sounds, and pessaries of hard rubber, for years, and almost exclusively. In most cases of malposition of the uterus they are entirely satisfactory, when properly adjusted; and as he agrees to exchange until an accurately fitting one is secured, we believe you cannot do better in the case you mention than to employ them.

SERIAL

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Medical and surgical reporter
(Philadelphia)

GERSTS